

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 8/30/19 9/3/19

Need Date: 9/10/19

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Ashley Wells *AW*

Phone: X6906

Department Head Signature: *Donald Semon*

Donald Semon, Director

CONTRACTOR:

Name: CalMHSA

Address: 3043 Gold Canal Dr., Ste 200

Rancho Cordova, CA 95670

Phone: 916-233-1960

Org Code: 5320

Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: HHSA – Behavioral Health

Service Requested: JPA Participation Agreement – State Hospital Bed Program

Contract Term: 07/01/19 – 06/30/20 Contract Value: \$1,402.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: *x* Disapproved: _____ Date: 9/4/19 By: *AWR*

Approved: _____ Disapproved: _____ Date: _____ By: _____

Because this is effective retroactively, it needs approval by the Board of Supervisors - in addition to the Board resolution referred to on page 5 of 8, paragraph 1.

Exhibits referred to on pages 6 of 8 and 7 of 8 not attached.

Paragraph IV . B on page 6 of 8 unclear

CONCERNS ADDRESSED - CHANGES INCORPORATED. AW.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

RECEIVED
COLO
SEP 03 2019
BY: *KH @ Yipson*

PLEASE EMAIL HHSA_CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!