

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

Phone: X6906

Department Head Signature: [Signature]

Donald Semon, Director

CONTRACTOR:

Name: CalMHSA

Address: 3043 Gold Canal Dr. Ste 200

Rancho Cordova, CA 95670

Phone: 916-233-1960

Org Code: 5310

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

CONTRACTING DEPARTMENT: HHSA – Behavioral Health

Service Requested: JPA Participation Agreement – Suicide Prevention Hotline

Contract Term: 07/01/19 – 06/30/20 Contract Value: \$8,175.00

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

Approved: X Disapproved: _____ Date: 9/4/19 By: [Signature]

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

Because this is effective retroactively, it needs approval by the Board of Supervisors. Payment was due 30 days from invoicing (which was supposed to be on 7/1/19) - which means payment either overdue or paid prior to approval of this Agreement.

See comments in red on the Agreement.

CONCERNS ADDRESSED - CHANGES INCORPORATED. LAM.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

RECEIVED
CoCo
SEP 03 2019
BY: [Signature]

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