

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/21/2020

Need Date: 08/04/2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Yvonne Kollings

Name: Sierra Child & Family Svcs
Address: 4250 Fowler Lane, Sute 204
Diamond Springs, CA 95619

Phone: _____

Org Code: 5320

Project # _____
(if applicable): _____

Funding Source: Mental Health Block Grant

CONTRACTING DEPARTMENT: HHSA- Behavioral Health Division

Service Requested: Review agreement

Description: School Based Engagement - Dialectical Behavioral Therapy and First Episode Psychosis

Contract Term: Upon execution - June 31, 2021 Contract Value: \$ 180,000.00

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

Approved: Disapproved: Date: 07/29/2020 By: _____

Approved: Disapproved: Date: _____ By: _____

Approved by PFF on 07/29/2020

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!