| Agreeme | nt # <u>5338</u> | 3 |
|-----------|------------------|---|
| | | |
| Legistar# | TBD | |

AGREEMENT CONTRACT ROUTING SHEET

| Date Prepared: | 11/19/2020 | Need Date: | 12/04/2020 |
|-------------------------|----------------------------------------------|--------------------|-----------------------------------------|
| PROCESSING DEPARTMENT: | | CONTRACTOR: | |
| Department: | Health and Human Services Agency | Name: | CalMHSA and CA Dept. of State Hospitals |
| Dept. Contact: | Zhana Mc Cullough | Address: | 3043 Gold Canal Dr. |
| Phone: | Ext. 7154 | - | Rancho Cordova |
| Department | | Phone: | |
| Head Signature: | Ywme Kellings 11/20/20 | _ | |
| | Yvonne Kollings, CFO | Org Code: | 5310 |
| | | Project # | |
| | | (if applicable | e): |
| | | Funding Sou | Irce: State |
| CONTRACTING | | | |
| | Review of Purchase Agreement Renew | | |
| • | hase of State Hospital beds for HHSA clients | | |
| Contract Term: <u>o</u> | 7/01/2020 - 06/30/2021 | Contract Value | |
| COUNTY COUNS | SEL: (Must approve all contrac | cts and MOU's) | Varies - depends on usage |
| Approved: | Disapproved: | Date: | Ву: |
| Approved: | Disapproved: | Date: | By: |
| | | | |
| Approved by Se | enior Deputy County Counsel F | Paula F. Frantz on | 11/25/2020 |
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| HR APPROVAL | : WILL BE REVIEWED THRO | UGH WORKFLO | N |

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW