

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 03/17/2021

Need Date: 03/31/2021

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.17 13:54:26
-07'00'
MBA CPA
Nita Wracker, MBA CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: County of Nevada
Address: 950 Maidu Ave
Nevada City CA 95959
Phone: _____
Org Code: 5320
Project String
(if applicable): 53TRAD2010-53000-50100-M40000

CONTRACTING DEPARTMENT: HSA - Behavioral Health Division

Service Requested: Review of Use of PHF Revenue Agreement

Description: Nevada County reserves a dedicated bed in our PHF, therefore, this contract differs from Board approved version

Contract Term: 07/01/21 - 06/30/24

Contract Value: \$600,000 revenue

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

Approved: Disapproved: Date: 03/23/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.03.23 13:14:29 -05'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: N/A

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 03/23/2021 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2021.03.23 15:52:04 -07'00'
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

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