Agreement # 21-10027 - Amendment # ____ Legistar # 21-1360

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared:	08/11/2021		Need Date:	08/27/2021		
PROCESSING DEPARTMENT:			CONTRACTOR:			
Department:	Health and Human Services Agency		Name: Address:	Ca Dept of Health Care Services		
Dept. Contact:	Consie Mote			1500 Capitol Ave, MS 2624		
Phone:	Ext. 7118			Sacramento CA 95814		
Department	Nita Wracker	Digitally signed by Nita Wracker MBA CPA	Phone:	916-713-8557		
Head Signature:	MBA CPA	Date: 2021.08.11 16:10:30 -07'00'				
	Nita Wracker, Agency Chief Fiscal Officer		Org Code:			
			Project Strir	ng		
			(if applicable	e):		
CONTRACTING	DEDVETMEN.	T: Health and Huma	n Sorvices Agency			
Service Requeste			n Services Agency			
•	evenue Agreement	NO-ODO GELVICES				
Contract Term: 0		 24	Contract Value	38,574,276.00		
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COUNTY COUNS						
Approved: Disapproved: Date: Date: By: _Paula Frantz Disapproved: By: _Paula Frantz Disapproved: Date:						
Approved:	Disap _l	proved:	Date:	By:		
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				· · · · · · · · · · · · · · · · · · ·		
HR APPROVAL:						
Compliance with	Luman Dasau	roos roquiromont	s? Yes:	No:		
Compliance verifi		ces requirement	5! TES.	INO		
Compliance verili	ed by.					
RISK MANAGEM	IENT APPROV	/AL: (all contrac	ts & MOU's exce	pt boilerplate grant funding contracts		
Approved:		proved:	Date:	By:		
Approved:	Disap	proved:	Date:	By:		
				· · · · · · · · · · · · · · · · · · ·		
OTHER ADDROV	/ΔI · (Specify)	denartment(s) no	articinating or dire	ectly affected by this contract).		
	ormation Technology		artioipating or une	cony anecied by this contract).		
Approved:		proved:	Date:	By:		
Approved:		oroved:	Date: Date:	By:		
Approved	Disap	oloveu	Date	Бу		

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Head Signature:	MBA CPA Date: 2021.08.11 16:10:30 -07'00'			
	Nita Wracker, Agency Chief Fiscal Officer	Org Code:		
		Project Strir	ng	
		(if applicable	e):	
CONTRACTING	DEPARTMENT: Health and Hum	nan Services Agency		
	ed: Funding for DMC-ODS Services	ian controct rigority		
•	evenue Agreement			
Contract Term: 0	7/01/2021- 06/30/2024	Contract Value	38,574,276.00	
COUNTY COUNT	SEL (must oppress all accets	ests and MOLUS		
	SEL: (must approve all contra		D	
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
HR APPROVAL:				
Compliance with	Human Resources requiremer	nts? Yes:	No:	
Compliance verifi	•			
	,	1	pt boilerplate grant funding contracts	
Approved:	Disapproved:	Date: 08/26/20		
Approved:	Disapproved:	Date:	By:	
			····	
	/AL: (Specify department(s) p	participating or dire	ectly affected by this contract).	
Departments: Int				
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	