

NOTIFICATION TO CONTRACT UNIT OF CONTRACT ITEM

THIS IS TO INFORM THE CONTRACTS UNIT THE FOLLOWING CONTRACT ITEM IS UNDER DEVELOPMENT:				
New Item	Renewal, previous # in Database _____	Amendment	RFP	
Contractor Selection Process Completed for this Contract (per County's Purchasing Policy) Included:	Request for Quote Request for Information Sole Source Justification Request for Letter of Interest	Request for Proposal This Contract is Exempt from RFP If Exempt from RFP, Why?		
Contract Information	REQUIRES FINAL APPROVAL FROM:	BOS	PA	Director
Legal Name of Contractor:				
State Standard Agreement # (and Amendment #, as applicable)				
Services to be Provided (brief description):				
Will Contractor Access, Exchange Store, or Share PI/PHI Pursuant to this Contract's SOW?	Yes	No		
Associated DHHS Program:				
Anticipated Start Date:	Start Date:	Termination Date:		
Maximum Payment Amount for Contract Term:				
Funding Source(s) for this Contract:	Medi-Cal MHSA	SAPT Block Grant Realignment	County General Fund Other	
Funding Source(s) Confirmed by Fiscal:	Yes	No		
Are Performance Acceptance Criteria/Measures Identified in the Contract's SOW:	Yes	No	If "No", explain why no:	
Are Reporting Requirements and Due Dates Identified in the SOW:	Yes	No	If "No", explain why no:	
Report Frequency:	Monthly	Quarterly	Not Applicable (N/A) to this Contract	
Report Type(s) Due:	Narrative Confidential Client Assessments/Progress Notes	Cost Reports	Other	
Report Recipients/Reviewers:	A scanned <u>copy</u> of ALL non-confidential reports should be emailed to the CU.			
Contract Manager:	Contract Coordinator (as applicable):	Contract Preparer/Lead:		
A BA Decision Tool (DHHS 57) is:	A BA Decision Tool must be provided for <u>all</u> new and renewing contracts:			
	On File	New DHHS 57 Attached		
Current Certificates of Insurance (COIs). COIs must be contract specific.	COIs must be received before this contract can be signed by county.			
	COI attached	Date New COI was Requested		
Current Business License for Humboldt County:	License Attached	Vendor Exempt	License Requested	
Vendor Form Completed:	Yes	No	On File	
Contractor's Contact/Rep Information:	Name:	Phone:	Email:	
Notes/Comments:				

Please E-Mail Copy To: DHHS-Contract Unit Inbox
DHHS 58 (version 11-01-22 revision)