

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/05/2021

Need Date: 05/19/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HSA

Name: MGT of America Consulting, LLC

Dept. Contact: Ashley Wells

Address: 2251 Harvard Street, Suite 134

Phone: x6906

Sacramento, CA 95815

Department Head Signature: Nita Wracker

Phone: 916-502-5243

MBA CPA

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.05.05 08:24:12 -07'00'

Org Code: 5000

Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HSA - Admin and Finance

Service Requested: Agreement for Services

Description: Comprehensive Analysis of Agency Rates / Fee Study

Contract Term: Execution - Three (3) Years Contract Value: \$ 96,440.00

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

Approved: Disapproved: Date: 05/11/2021 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.05.11 14:57:30
-07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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