

Agreement # 5723

Legistar # 21-0858

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/12/2021

Need Date: 05/19/2021

PROCESSING DEPARTMENT:

Department: Child Support Services

Dept. Contact: William Mattox

Phone: 530-642-7241

Department
Head Signature: 

CONTRACTOR:

Name: Marshall Medical Center

Address: 1100 Marshall Way

Placerville, CA 95667

Phone: 530-621-7996

Org Code: 4000000

Project #
(if applicable): _____

Funding Source: State and Federal Child Support Funds

CONTRACTING DEPARTMENT: Child Support Services

Service Requested: Review & Approval of new agreement

Description: Administration of the Parentage Opportunity Program pursuant to Family Code §7571

Contract Term: 4/1/2021-3/31/2024 Contract Value: \$ 8,000.00

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

Approved: Disapproved: Date: 05/27/2021 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2021.05.27 11:00:37
-0700

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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