

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 12/07/2023

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.02.02 14:49:05 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: El Dorado Opportunity Knocks Continuum of Care
Address: 3047 Briw Rd.
Placerville, CA 95667
Phone: _____
Org Code: 5210113
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA- Community Services

Service Requested: Legal review

Description: Non-financial MOU with the CoC required for HHAP-5 grant application submission. Commitment to regional plan to end homelessness.

Contract Term: 3/27/24 Perpetual Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 12/22/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.12.22 13:31:07 -08'00'
Approved: Disapproved: Date: _____ By: _____

*With edits of 12/22/23.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!