

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 05/03/2022

**Need Date:** 05/06/2022

**PROCESSING DEPARTMENT:**

Department: HHSA  
 Dept. Contact: Darci Prall  
 Phone: x7373  
 Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2022.02.22 13:02:08 -08'00'  
MBA CPA  
 Nita Wracker, MBA, CPA  
 Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: County of Alpine  
 Address: 75 A Diamond Valley Road  
Markleeville, CA 96120  
 Phone: Tim Streeper 530-694-1339  
 Org Code: 5440400  
 Project #  
 (if applicable): \_\_\_\_\_  
 Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: \_\_\_\_\_

Description: Non Financial, MOU

Contract Term: 07/01/22-06/30/2027 Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 03/03/2022 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2022.03.03 08:26:35  
-11'00'  
 Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

2nd submission (05/03/2022) to County Counsel as CDPH made late edits.  
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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [hlsa-contracts@edcgov.us](mailto:hlsa-contracts@edcgov.us) Thank you!**