

Agreement # 8320

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/01/2024

Need Date: 03/08/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency

Dept. Contact: Courtney Jenkins

Phone: x7154

Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.03.01 16:27:49 -08'00'

Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: EDC Probation

Address: 3974 Durock Road, Ste. 205

Shingle Springs, CA 95682

Phone: 530-621-6079

Org Code: 5320225

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Funding Out Agreement of Opioid Settlement Funds

Contract Term: Upon Execution through 6/30/25 Contract Value: \$ 193,000.48

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

Approved: Disapproved: Date: 03/04/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.03.04 10:23:54 -08'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!