

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 10/13/2023

**Need Date:** \_\_\_\_\_

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA

Name: NAMI El Dorado County Western Slope and South Lake Tahoe

Dept. Contact: Brian Michaelson

Address: 360 Fair Lane

Phone: X 6922

Placerville, CA 95667

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden  
Date: 2023.10.31 11:22:42 -07'00'

Phone: 310-404-5252

Alisha Bryden  
Administrative Analyst Supervisor

Org Code: 5310

Project #  
(if applicable): \_\_\_\_\_

Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Contract Review

Description: Community Education Project

Contract Term: execution-6/30/26 Contract Value: \$ 1,200,000.00

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

Approved:

Disapproved:

Date: 11/17/2023

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk  
Date: 2023.11.17 16:20:30 -08'00'

Approved:

Disapproved:

Date: 12/08/2023

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk  
Date: 2023.12.08 15:12:41 -08'00'

Approved revised 12/8/2023

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

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