

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/12/2022

Need Date: 10/12/2022

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Darci Prall
Phone: x7373
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.09.20 15:22:52 -0700
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: County of Alpine
Address: _____
Phone: _____
Org Code: 5110100
Project # _____
(if applicable): _____
Funding Source: N/A

CONTRACTING DEPARTMENT: HHSA

Service Requested: Four identical MOU's 6936 Alpine Co., 6937 Mendocino Co., 6938 Calaveras Co., & 6939 Tuolumne Co.

Description: Disaster CalFresh Mutual Aid MOU

Contract Term: 11/01/2022 - 10/31/2025 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 10/13/2022 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2022.10.13 12:47:07 -0700

Current agmt #4045 approved 06.18.2019

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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