

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/23/2024

Need Date: 06/07/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: County of Nevada

Dept. Contact: Kiera Garcia

Address: 950 Maidu Ave

Phone: x6923

Nevada City, CA 95959

Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.05.23 12:21:17 -07'00'

Phone: 530-470-2414

Alisha Bryden
Administrative Analyst Supervisor

Org Code: 5320

Project #
(if applicable): _____

Funding Source: n/a

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of use of PHF revenue Agreement

Description: County of Nevada use of EDC PHF

Contract Term: Upon execution - 6/30/27 Contract Value: \$ 2,400,000.00

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

Approved: Disapproved: Date: 06/07/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.06.07 10:49:36 -07'00'

Approved: Disapproved: Date: 06/10/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.06.10 11:27:02 -07'00'

with edits noted in email.

6/10/24 with edits noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!