


NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 1/13/20

Need Date: 1/27/20

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: Ext. 6901
Department Head Signature: 
Donald Semon, Director

CONTRACTOR:

Name: The Center for Violence-Free Relationships
Address: 344 Placerville Dr. Ste 11
Placerville, CA 95667
Phone: _____
Org Code: 5130

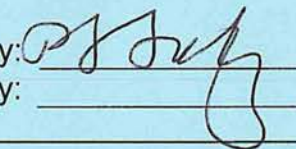
Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: HHSA – Child Welfare Services

Service Requested: Therapeutic Counseling

Contract Term: 4/1/20 – 3/31/23 Contract Value: \$200,000

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

Approved: Disapproved: _____ Date: 1/15/2020 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

EDC COUNTY COUNSEL
2020 JAN 13 AM 11:39

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP... THANKS!