

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 02/02/2024

Need Date: 02/20/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency
Dept. Contact: Brian Michaelson
Phone: X6922
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.02.05 16:18:55 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

Name: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667
Phone: _____
Org Code: 5330
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA- Behavioral Health

Service Requested: agreement legal services review

Description: Opioid Settlement Funding Out

Contract Term: Execution through 6/30/25

Contract Value: \$ 332,887.77

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

Approved: Disapproved: Date: 02/22/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.02.22 14:12:25 -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!