

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/30/2021

Need Date: 10/07/2021

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Nita Wracker Digitally signed by Nita Wracker
MBA CPA
Date: 2021.09.29 12:19:31 -07'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Public Health Institute (PHI)
Address: 555 12th Street, Suite 290
Oakland, CA 94607
Phone: 510-285-5500
Org Code: 5430
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HSA - Public Health

Service Requested: Agreement for Services

Description: Contact Tracing and Case Investigation Services

Contract Term: Execution - 03/31/2022 Contract Value: \$ 645,034.00

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

Approved: Disapproved: Date: 10/07/2021 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2021.10.07 12:07:51
-07'00'
Approved: Disapproved: Date: _____ By: _____

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!