

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/02/2021

Need Date: 11/15/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: EDC Community Health Center

Dept. Contact: Lisa Konyecsni

Address: 4327 Golden Cntr. Dr., Ste 2

Phone: x6901

Placerville, CA 95667

Department Head Signature: Nita Wracker, CPA
Digitally signed by Nita Wracker, CPA
Date: 2021.11.02 10:26:35 -07'00'

Phone: _____

Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Org Code: 5440400

Project # _____
(if applicable): _____

Funding Source: CDPH Local Oral Health Grant

CONTRACTING DEPARTMENT: HHSA- Public Health

Service Requested: Review of funding out agreement

Description: Agreement to pay for dental van repairs and additional equipment

Contract Term: Upon execution -6/30/22

Contract Value: \$ 85,000.00

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

Approved:

Disapproved:

Date: 11/08/2021

By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.11.08 16:10:31 -08'00'

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!