

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/09/2021

Need Date: 11/16/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HSA

Name: Koefran Industries

Dept. Contact: Ashley Wells

Address: 11350 Kiefer Blvd.

Phone: x6906

Sacramento, CA 95830

Department Head Signature: Nita Wracker, CPA

Phone: 916-715-6251

Digitally signed by Nita Wracker, CPA
Date: 2021.11.09 14:52:19 -08'00'

Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Org Code: 5500000

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HSA - Animal Services

Service Requested: Agreement for Services

Description: Animal Carcass Rendering

Contract Term: 01/01/22 - 12/31/24 Contract Value: \$ 140,000.00

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

Approved: Disapproved: Date: 12/02/2021 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.12.02 12:41:12 -11'00'

Approved: Disapproved: Date: _____ By: _____

Approved with the revised language about future rate changes shown in Ashley Wells' 12/2/2021 email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW