

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 12/15/2022

Need Date: 12/29/2022

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Darci Prall

Phone: x7373

Department Head Signature: Yvette Wencke Digitally signed by Yvette Wencke
Date: 2022.11.23 08:23:26 -08'00'

Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: Rebuilding Together Sacramento

Address: 8231 Alpine Ave. Suite 3

Sacramento, CA 95826

Phone: _____

Org Code: 5260

Project #
(if applicable): _____

Funding Source: CDA #IF-2223-29

CONTRACTING DEPARTMENT: HHSA

Service Requested: _____

Description: Agreement for fall prevention services

Contract Term: Upon execution - 12/31/2023 *+ 1 year extension Contract Value: \$ 175,000.00

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

Approved: Disapproved: Date: 12/22/2022 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2022.12.22 12:42:59 -08'00'

Approved: Disapproved: Date: _____ By: _____

Previous Agmt #5774 approved 10/07/21

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!