

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/09/2021

Need Date: 07/23/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: Tahoe Coalition for the Homeless, Inc.

Dept. Contact: Zhana Mc Cullough

Address: P. O. Box 13514

Phone: X 7154

South Lake Tahoe, CA 96151

Department Head Signature: Nita Wracker

Phone: _____

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.07.09 17:02:56 -07'00'

Org Code: 5211

Nitra Wracker, Agency Chief Fiscal Officer

Project # _____

Health and Human Services Agency

(if applicable): _____

Funding Source: Various Homelessness Grants

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Agreement.

Description: Tahoe Coalition to provide case management and other sheltering arrangements from COVID-19 for homeless people.

Contract Term: 07/11/2021 - 09/30/2021, then monthly Contract Value: \$ 150,000.00

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

Approved: Disapproved: Date: 07/13/2021 By: Paula Frantz

Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2021.07.13 11:37:03
-07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!