

Agreement # 8810

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/16/2024

Need Date: 05/21/2024

PROCESSING DEPARTMENT:

Department: CAO Fiscal

Dept. Contact: Kelley Lawrie

Phone: x 6729

Department Head Signature: Jeremy Apodaca
Digitally signed by Jeremy Apodaca
Date: 2024.05.16 10:32:23 -07'00'

Jeremy Apodaca
Admin Analyst Supervisor

CONTRACTOR:

Name: Marshall Medical Center

Address: 1100 Marshall Way

Placerville, CA 95667

Phone: _____

Org Code: 1210220

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: Emergency and Preparedness Department

Service Requested: Review and Approve

Description: Funding Agreement for Richie Funds

Contract Term: 3 years Contract Value: _____

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

Approved: Disapproved: Date: 05/29/2024 By: Kathleen Markham
Digitally signed by Kathleen Markham
Date: 2024.05.29 16:16:20 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: kelley.lawrie@edcgov.us

Thank you!