

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/09/2021

Need Date: 04/28/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: 642-7118
Department: Nita Wracker
Head Signature: MBA CPA

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.04.12 09:13:23 -07'00'

CONTRACTOR:

Name: Catalyst Family, Inc dba Catalyst Community
Address: 350 Woodview Avenue, Suite 100
Morgan Hill, CA 95037-2823
Phone: _____
Org Code: 5130
Project # _____
(if applicable): _____
Funding Source: State and Federal funding

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review contract

Description: Agreement 5344 is a renewal of prior Agmt 2518 for emergency childcare bridge for foster children

Contract Term: 7/1/2021-6/30/2024 Contract Value: \$ 277,334.00

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

Approved: Disapproved: Date: 04/13/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2021.04.13 15:35:51
-07'00'

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!