

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 07/16/2021

**Need Date:** 08/04/2021

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Consie Mote  
Phone: (530) 642-7118  
Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.07.16 10:46:09 -07'00'  
MBA CPA  
Nita Wracker, Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: Interface Children and Family Services  
Address: 4001 Mission Oaks Blvd, Suite I  
Camarillo, CA 93012  
Phone: \_\_\_\_\_  
Org Code: 50ADMN0000-50NONICR-50100-WS  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: General Fund

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: 2-1-1 Information and Referral Services

Description: 2 year contract renewing prior agmt 2853

Contract Term: 9/1/2021-8/31/2023

Contract Value: \$ 216,215.50

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

Approved:  Disapproved:  Date: 07/27/2021 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Paula Frantz  
Date: 2021.07.27 13:48:31  
-07'00'

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [cao-contracts-newrequests@edcgov.us](mailto:cao-contracts-newrequests@edcgov.us) Thank you!**