

Agreement # 4675

Legistar # 19-1437

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/22/2020

Need Date: 05/08/2020

PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Darci Prall

Phone: Ext. 7373

Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o=HHSA,
ou=Fiscal Unit,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.05.01 14:53:23 -0700

Yvonne Kollings, CFO

CONTRACTOR:

Name: Marshall Medical Center

Address: 1100 Marshall Way
Placerville, CA 95667

Phone: _____

Org Code: 5400

Project # _____
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services

Service Requested: Outreach and engagement for CMSP Eligibility

Description: Sub-award of County Medical Services Program funding from Agreement #333-F1711

Contract Term: Upon execution – 3/31/21 Contract Value: \$ 135,000.00

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

Approved: Disapproved: Date: 05/04/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.05.04 17:58:14 -0700

Approved: Disapproved: Date: 05/13/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.05.13 17:00:45 -0700

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!