

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/14/2022

Need Date: 11/01/2022

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA- Contracts

Name: The Center for Violence Free Relationships

Dept. Contact: Brian Michaelson

Address: 344 Placerville Drive, Suite 11

Phone: X6922

Placerville, CA 95667

Department Head Signature: Yvette Wencke Digitally signed by Yvette Wencke
Date: 2022.10.18 11:34:17 -07'00'

Phone: N/A

Yvette Wencke
Administrative Analyst Supervisor

Org Code: 5110100

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA- Social Services

Service Requested: Please review and approve the contract

Description: Therapeutic Counseling contract

Contract Term: 04/01/2023-03/31/2026 Contract Value: \$ 200,000.00

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

Approved: Disapproved: Date: 10/26/2022 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2022.10.26 14:38:40
-07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW