

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/17/2024

Need Date: 05/15/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: EDCOE

Dept. Contact: Khrista Ringnes

Address: 6767 Green Valley Rd

Phone: x7118

Placerville CA 95667

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.05.01 14:02:52 -07'00'

Phone: _____

Alisha Bryden
Administrative Analyst Supervisor

Org Code: 5130

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA - Protective Services

Service Requested: Review of agreement/MOU

Description: EDCOE Title IV-E pass through & co-location.

Contract Term: 09/01/2024 - 08/31/2027 Contract Value: \$ 250,000.00

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

Approved: Disapproved: Date: 05/17/2024 By: Nicole Wright Digitally signed by Nicole Wright
Date: 2024.05.17 11:08:53 -07'00'

Approved: Disapproved: Date: _____ By: _____

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!