

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/21/2024

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Max Hudock  
Phone: X6921  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2024.03.26 15:44:18 -07'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Catalyst Family, Inc.  
Address: 350 Woodview Avenue, Suite 100  
Morgan Hill, CA 95037  
Phone: \_\_\_\_\_  
Org Code: 5130  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Legal Review

Description: Emergency Bridge Program Foster Youth

Contract Term: 7/1/24-6/30/27 Contract Value: \$ 780,000.00

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

Approved:  Disapproved:  Date: 04/30/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.04.30 13:24:35 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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

**PLEASE EMAIL SIGNED DOCUMENT TO:**

**Thank you!**