

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 07/28/2021

**Need Date:** 08/11/2021

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HSA  
Dept. Contact: Ashley Wells  
Phone: x6906  
Department Head Signature: Nita Wracker  
MBA CPA  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.07.22 09:28:24 -07'00'  
Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

Name: EDC Office of Education  
Address: 6767 Green Valley Road  
Placerville, CA 95667  
Phone: \_\_\_\_\_  
Org Code: 5130  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - Child Welfare Services

Service Requested: Memorandum of Understanding

Description: Coordinated Educational Support for Dependent Youth (IV-E Foster Care Administrative Activities)

Contract Term: 09/25/21 - 08/31/2024 Contract Value: \$ 200,000.00

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

Approved:  Disapproved:  Date: 08/09/2021 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Paula Frantz  
Date: 2021.08.09 12:36:06  
-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 [hlsa-contracts@edcgov.us](mailto:hlsa-contracts@edcgov.us) Thank you!**