

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/21/2024

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

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: Health and Human Services Agency

Name: City of Placerville

Dept. Contact: Brian Michaelson

Address: \_\_\_\_\_

Phone: 6922

Phone: \_\_\_\_\_

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden  
Date: 2024.10.21 12:28:56 -07'00'

Org Code: 5330

Alisha Bryden  
Administrative Analyst Supervisor

Project # \_\_\_\_\_

(if applicable): \_\_\_\_\_

Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: MOU Review

Description: Opioid Funding in MOU

Contract Term: execution through the term of opioid settlement agreements Contract Value: \$ 522,387.00

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

Approved:  Disapproved:  Date: 11/04/2024 By: Nicole Wright Digitally signed by Nicole Wright  
Date: 2024.11.04 11:47:49 -08'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

with comments noted in email.

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

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

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!