

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/10/2020

Need Date: 07/17/2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: Teri Gelgood dba Creating Joy Now

Dept. Contact: Darci Prall

Address: 493 Main Street, Suite D

Phone: 642-7373

Diamond Springs, CA 95619

Department Head Signature: Digitally signed by Yvonne Kollings, CFO
DN: cn=Yvonne Kollings, CFO, o=El Dorado County, ou=HHSA,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.07.12 06:18:21 -0700

Phone: _____

Yvonne Kollings, CFO

Org Code: 5130

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Therapeutic counseling

Description: _____

Contract Term: 09/01/2020 - 08/31/2023 = 3 years Contract Value: \$ 120,000.00

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

Approved: Disapproved: Date: 07/15/2020 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2020.07.15 17:03:12
-0700

Approved: Disapproved: Date: _____ By: _____

*Therapeutic counseling

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!