

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/14/2021

Need Date: 10/05/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: 642-7118
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.09.21 08:28:47 -07'00'
MBA CPA
Nita Wracker
Chief Fiscal Officer

CONTRACTOR:

Name: Granite Wellness Centers
Address: 180 Sierra College Drive
Grass Valley, CA 95945
Phone: _____
Org Code: 5130
Project # _____
(if applicable): _____
Funding Source: Federal and State

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review Contract renewal-

Description: CWS Agreement for Therapeutic Counseling and Substance Treatment Services for clients of CWS

Contract Term: 11/01/2021-10/31/2024

Contract Value: \$ 200,000.00

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

Approved: Disapproved: Date: 10/01/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.10.01 10:47:25
-07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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