

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/12/2021

Need Date: 04/30/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHS

Name: Sierra Child & Family Services

Dept. Contact: Consie Mote

Address: 4250 Fowler Lane, Suite 204

Phone: 530-642-7118

Diamond Springs, CA 95619

Department Head Signature: Nita Wracker

Phone: _____

Head Signature: MBA CPA

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.04.14 09:51:17 -0700

Org Code: 5320

Project # _____

(if applicable): _____

Funding Source: FY 2021-22 Mental Health Block Grant

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Agreement for Services

Description: Agreement for Contractor to provide Contractor to provide School/Community-Based DBT and TAY FEP services

Contract Term: Upon execution -6/30/2022 Contract Value: \$ 180,000.00

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

Approved: Disapproved: Date: 04/16/2021 By: Paula Frantz

Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2021.04.16 16:58:40 -0700

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!