| Agreement # 9067 | | | | |
|---------------------|--|--|--|--|
| Legistar # _24-2042 | | | | |

AGREEMENT CONTRACT ROUTING SHEET

| Date Prepared: | 10/14/2024 | Need Date: | 11/01/2024 | |
|--|---|--|---|--|
| PROCESSING DEPARTMENT: | | CONTRACTOR: | | |
| Department: Dept. Contact: Phone: Department Head Signature: | Health and Human Services Agency Khrista Ringnes x7118 | Name: Address: | Whole Person Learning, Inc. 11816 Kemper Rd. Auburn, CA 95603 | |
| | Alisha Bryden Digitally signed by Alisha Bryden Date: 2024;10.18 10:31:05-07'00' | Phone: | (530) 823-2499 | |
| | Alisha Bryden Administrative Analyst Supervisor | Org Code: Project # (if applicable | 5130 e): | |
| CONTRACTING | DEDARTMENT: LILICA Child Wolfer | Funding Sou | ırce: | |
| | | e Services | _ | |
| • | Review of Agreement for Services | | | |
| | escription: Transitional Housing Program-Plus Services ontract Term: 3/1/2025 - 2/28/2030 Contract Value: \$ 1,500,000.00 | | | |
| Contract Term. 3 | /1/2025 - 2/28/2030 | Contract value | \$ 1,500,000.00 | |
| | SEL: (Must approve all contracts ✓ Disapproved: Disapproved: | s and MOU's) _ Date: _ Date: | By: Daniel Vandekoolwyk Olgaby signed by Daniel Vandekoolwyk By: By: | |
| | | | | |
| | | | | |
| HR APPROVAL: | WILL BE REVIEWED THROUG | SH WORKFLOW | 1 | |
| RISK MANAGEN | MENT: WILL BE REVIEWED TH | ROUGH WORK | FLOW | |
| PLEASE E | MAIL SIGNED DOCUMENT | TO: k vou! | | |