

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/03/2023

Need Date: 08/18/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HSA- Contracts

Name: Catalyst Family Inc

Dept. Contact: Brian Michaelson

Address: 350 Woodview Ave 100

Phone: X 6922

Morgan Hill, CA 95037

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.08.04 08:26:06 -07'00'

Phone: _____

Org Code: 5110

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HSA-Social Services

Service Requested: Contract Review

Description: Stage One Childcare Administration

Contract Term: Three years upon execution Contract Value: \$ 1,600,000.00

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

Approved: Disapproved: Date: 10/11/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.10.11 13:59:19 -07'00'

Approved: Disapproved: Date: 12/18/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.12.18 08:38:03 -08'00'

* 10/11/23 version approved.

** With edits ot 12/18/23

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW