

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/29/2021

Need Date: 12/16/2021

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.12.02 10:36:00 -08'00'
MBA CPA
Nita Wracker, MPA CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Colleen Bridger Consulting
Address: 3831 Harry Wurzbach Rd. #22
San Antonio, TX 78209
Phone: _____
Org Code: 5400000
Project # _____
(if applicable): N/A
Funding Source: County Coronavirus Response and Relief Supplemental Appropriations Act, 2021

CONTRACTING DEPARTMENT: HSA - Public Health

Service Requested: Review of consulting services contract

Description: Consultant will develop and implement a community COVID-19 recovery plan

Contract Term: Upon execution - 05/31/23

Contract Value: \$ 248,864.00

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

Approved: Disapproved: Date: 12/02/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.12.02 18:48:10
-11'00'

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!