

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/14/2024

Need Date: 11/29/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: Housing El Dorado

Dept. Contact: Kiera Garcia

Address: 1390 Broadway, B-216

Phone: 6923

Placerville, CA 95667

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.10.31 15:52:27 -07'00'

Phone: _____

Alisha Bryden
Administrative Analyst Supervisor

Org Code: 5211

Project # _____
(if applicable): _____

Funding Source: HHAP Rounds 1&4

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of funding-out agreement #9182

Description: EDOK CoC Homelessness Prevention Program Funding

Contract Term: 3/1/25-3/31/27, with option to extend to 3/31/30 Contract Value: \$ 100,000.00

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

Approved: Disapproved: Date: 12/02/2024 By: Nicole Wright Digitally signed by Nicole Wright
Date: 2024.12.02 17:04:14 -08'00'

Approved: Disapproved: Date: _____ By: _____

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!