

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/28/2022

Need Date: 12/26/2022

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA - Administration

Name: County of Alpine

Dept. Contact: Consie Mote

Address: 75 A Diamond Valley Road

Phone: x7118

Markleeville, California 96120

Department Head Signature: Yvette Wencke Digitally signed by Yvette Wencke
Date: 2022.12.01 15:23:09 -08'00'

Phone: 530-694-2235

Yvette Wencke
Administrative Analyst Supervisor

Org Code: 5000000

Project #
(if applicable): _____

Funding Source: N/A

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review & Approve

Description: MOU with County of Alpine for As-needed Administrative and Service Support from the County of El Dorado

Contract Term: Three (3) Years with option for 2 add'l years. Contract Value: _____

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

Approved: Disapproved: Date: 01/10/2023 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2023.01.10 20:49:30 -08'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL DOCUMENT TO cao-contracts-newrequests@edcgov.us

UPON COMPLETION

Thank you!