

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 02/18/2022

Need Date: 03/05/2022

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Darci Prall
Phone: x7373
Department Head Signature: Nita Wracker
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Digitally signed by Nita Wracker
MBA CPA
Date: 2022.02.18 17:33:03 -08'00'

CONTRACTOR:

Name: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667
Phone: _____
Org Code: 5400000
Project # _____
(if applicable): _____
Funding Source: CDPH COVID-19 ELC68 GRANT

CONTRACTING DEPARTMENT: HHSA

Service Requested: _____

Description: Pass-thru funds, Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260. Grant #COVID-19ELC68 from CDPH.

Contract Term: Upon execution - 06/30/2023 Contract Value: \$ 250,000.00

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

Approved: Disapproved: Date: 03/03/2022 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2022.03.03 08:22:58
-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!