

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 04/22/2021

**Need Date:** 04/23/2021

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HSA

Name: City of Placerville

Dept. Contact: Ashley Wells

Address: 3101 Center Street

Phone: x6906

Placerville, CA 95667

Department Head Signature: Nita Wracker

Phone: 530-642-5200

Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.04.22 13:01:43 -07'00'

Org Code: 5210

MBA CPA

Project #

Nita Wracker, MBA, CPA

(if applicable): \_\_\_\_\_

Agency Chief Fiscal Officer

Funding Source: CDBG-CV

**CONTRACTING DEPARTMENT:** HSA - Community Services

Service Requested: MOU

Description: Roles and Responsibilities: Community Development Block Grant - Coronavirus (CDBG-CV) Funding

Contract Term: Execution - One Year Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 04/27/2021 By: Paula Frantz

Digitally signed by Paula Frantz  
Date: 2021.04.27 15:54:20  
-07'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Resubmission includes changes requested by the City of Placerville after EDC Counsel originally approved the draft on 04/02/21. amw

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP** [hlsa-contracts@edcgov.us](mailto:hlsa-contracts@edcgov.us) **Thank you!**

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/01/2021

Need Date: 04/05/2021

### PROCESSING DEPARTMENT:

Department: HSA

Dept. Contact: Ashley Wells

Phone: x6906

Department Head Signature: Nita Wracker

Head Signature: MBA CPA

Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.03.31 16:43:21 -0700  
Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

### CONTRACTOR:

Name: City of Placerville

Address: 3101 Center Street

Placerville, CA 95667

Phone: 530-642-5200

Org Code: 5210

Project #  
(if applicable): \_\_\_\_\_

Funding Source: CDBG-CV

CONTRACTING DEPARTMENT: HSA - Community Services

Service Requested: MOU

Description: Roles and Responsibilities: Community Development Block Grant - Coronavirus (CDBG-CV) Funding

Contract Term: Execution - One Year Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 04/02/2021 By: Paula Frantz

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!