

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 03/09/2022

**Need Date:** 03/17/2022

**PROCESSING DEPARTMENT:**

**CONTRACTOR:** for 4/12 agenda

Department: HHSA

Name: Barton Healthcare System,

Dept. Contact: Consie Mote

Address: 2170 South Avenue

Phone: 7118

South Lake Tahoe, CA 96150

Department Head Signature: Kimberly McAdams, Acting CFO  
Digitally signed by Kimberly McAdams, Acting CFO  
Date: 2022.03.10 09:38:38 -08'00'

Phone: \_\_\_\_\_

Kimberly McAdams  
Acting Agency Chief Fiscal Officer

Org Code: 5430300

Project # \_\_\_\_\_

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

Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review of Funding Out agreement

Description: Barton to be subrecipient of CDPH immunization funds for Public Health Nursing

Contract Term: Upon execution-6/30/22 with up to 2 one year extensions Contract Value: \$ 350,000.00

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

Approved:  Disapproved:  Date: 03/18/2022 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2022.03.18 08:59:42 -07'00'

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

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

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