

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 01/25/2022

Need Date: 02/08/2022

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: El Dorado County Community Health Center

Dept. Contact: Darci Prall

Address: _____

Phone: x7373

Phone: _____

Department Head Signature: Nita Wracker

Digitally signed by Nita Wracker
MBA CPA
Date: 2022.01.25 08:33:30 -08'00'

Org Code: 5400000

Head Signature: MBA CPA

Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Project # _____

(if applicable): _____

Funding Source: CDPH COVID-19ELC68 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: \$ 125,000.00

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

Approved: Disapproved: Date: 01/27/2022 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2022.01.27 18:59:20
-11'00'

Approved: Disapproved: Date: _____ By: _____

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!