

Agreement # 8332

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 12/28/2023

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency

Dept. Contact: Courtney Jenkins

Phone: x7154

Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.01.04 11:35:06 -08'00'

Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Barton Healthcare System

Address: 2170 South Ave South

South Lake Tahoe, CA 96150

Phone: (530) 541-3420

Org Code: 5320225

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Funding Out Agreement of Opioid Settlement Funds

Contract Term: Upon Execution through 6/30/25 Contract Value: \$ 248,296.00

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

Approved: Disapproved: Date: 02/01/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.02.01 16:07:06 -08'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!