

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 06/04/2020

Need Date: 06/10/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Darci Prall
Phone: 642-7373
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o=HHSA,
ou=Fiscal Unit,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.06.05 16:04:24 -0700'
Yvonne Kollings, CFO

CONTRACTOR:

Name: Wayfinder Family Services
Address: 8391 Auburn Blvd
Citrus Heights, CA 95610
Phone: 916-923-5444
Org Code: 5130
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Therapeutic Counseling Services, Guardianship Navigation and Support Services, and Family Assessments

Description: "as requested" basis for clients referred by the County of El Dorado Health and Human Services Agency

Contract Term: 07/01/20 - 06/30/23 3 years Contract Value: \$ 200,000.00

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

Approved: Disapproved: Date: 06/10/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.06.10 16:13:35 -0700'

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!