

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: EDCA Lifeskills, Inc.

Dept. Contact: Ashley Wells

Address: 893 Spring Street

Phone: x6906

Placerville, CA 95667

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: 2020.04.28 14:10:13 -0700'

Phone: 530-622-8193

Yvonne Kollings, CFO

Org Code: 53

Project # _____

(if applicable): _____

Funding Source: MHSA

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Agreement for Services

Description: Prevention and Early Intervention (PEI)

Contract Term: 07/01/2020 - 06/30/2023 Contract Value: \$ 90,000.00

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

Approved: Disapproved: Date: 05/04/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.05.04 17:24:53
-0700'

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!