

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/09/2022

Need Date: 03/28/2022

PROCESSING DEPARTMENT:

CONTRACTOR: For 4/5 BOS 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

Phone: _____

Digitally signed by Kimberly McAdams, Acting CFO
Date: 2022.03.14 16:05:16 -07'00'

Org Code: 540000

Kimberly McAdams
Acting Agency Chief Fiscal Officer

Project # _____

(if applicable): _____

Funding Source: CDPH Allocation

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of Funding Out agreement

Description: Barton to be subrecipient of CDPH COVID-19 ELC68 allocation funds for Communicable Disease

Contract Term: Upon execution-6/30/23 with up to 1 one year extension Contract Value: \$ 250,000.00

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

Approved: Disapproved: Date: 03/25/2022 By: Paula Frantz

Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2022.03.25 13:12:28 -07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW