

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/31/2022

Need Date: 06/09/2022

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA

Name: El Dorado County Community Health Center

Dept. Contact: Darci Prall

Address: 4327 Golden Center Drive, STE 2

Phone: x7373

Placerville, CA 95667

Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer  
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer  
Date: 2022.06.01 11:57:17 -07'00'

Phone: \_\_\_\_\_

Kimberly McAdams  
Agency Chief Fiscal Officer

Org Code: 5440400

Project # \_\_\_\_\_

(if applicable): 54ORAL0000-54OPEX-50300-WS

Funding Source: State Oral Health Grant #22-10162

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: \_\_\_\_\_

Description: Case management Oral Health

Contract Term: 07/01/22 - 06/30/27 Contract Value: \$ 150,000.00

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

Approved:  Disapproved:  Date: 06/06/2022 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2022.06.06 16:49:43 -07'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Current agmt #5465 approved 3/10/21, AMDT I approved 10/27/21

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [hlsa-contracts@edcgov.us](mailto:hlsa-contracts@edcgov.us) Thank you!**