Agreement # 6592

Legistar # <u>22-0848</u>

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	05/31/2022		Need Date:	06/09/2022
PROCESSING DEPARTMENT:			CONTRACTOR:	
Department: Dept. Contact: Phone: Department Head Signature:	HHSA		Name: Address:	El Dorado County Community Health Center
	Darci Prall			4327 Golden Center Drive, STE 2
	x7373			Placerville, CA 95667
	Kimberly McAdams, Agency Chief Fiscal Officer	Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer Date: 2022.06.01 11:54:35 -07'00'	Phone:	
	Kimberly McAdams		Org Code:	5440400
	Agency Chief Fiscal Officer		Project #	
			(if applicable	e): <u>540RAL0000-540PEX-50300-WS</u>
			Funding Source: State Oral Health Grant #22-10162	
CONTRACTING	DEPARTMEN	T: HHSA		
Service Requeste	ed:			
Description: Agree	ement to pay for den	tal van repairs and mainten	ance	
Contract Term: <u>07/01/22 - 06/30/27</u>			Contract Value	\$ 100,000.00
	SEL: (Must a	onrove all contract	and MOU's)	
COUNTY COUNSEL: (Must approve all contracts a Approved: ✓ Disapproved:			Date: 06/06/20	022 By: Paula Frantz Digitally signed by Paula Frantz Date: 2022.06.06 17:19:37 -0700
Approved:		proved:	Date:	By:
Current agmt #5465 appro		·		
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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP <u>hhsa-contracts@edcgov.us</u> Thank you!