

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/09/2023

Need Date: 05/26/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Darci Prall
Phone: x7373
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.05.23 12:59:24 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Elder Options, Inc.
Address: 630 Main Street
Placerville, CA 95667
Phone: _____
Org Code: 5210
Project # _____
(if applicable): _____
Funding Source: Fed and General Fund

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review draft of general service agreement

Description: In-home non-medical support services

Contract Term: 07/001/23 - 06/30/26 = 3 years Contract Value: \$ 100,000.00

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

Approved: Disapproved: Date: 05/24/2023 By: Jefferson Billingsley
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Jefferson Billingsley
Date: 2023.05.24 07:48:45 -07'00'

Current agmt #4782-A1 reviewed and approved 04/02/21

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!