Agreement # 6954
Logistor # 22,0006

## AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	05/26/2023	Need Date:	06/07/2023
PROCESSING D	EPARTMENT:	CONTRACT	ΓOR:
Department: Dept. Contact: Phone: Department Head Signature:	HHSA	Name: Address: Phone:	Tahoe Youth and Family Services
	Darci Prall		1021 Fremont Ave
	x7373		South Lake Tahoe, CA 96150
	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.30 11:07:59 -07:00		
	Alisha Bryden	Org Code:	5211
	Acting Administrative Analyst Supervisor	Project #	
		(if applicable	e):
Description: EID	Review agreement for services  orado County Continuum of Care (CoC) transit		UTCE: State - Homeless Housing Assistance Program (HHAP
Contract Term: _	7/01/23-06/30/25 = 2 years	_ Contract Value	\$ 214,026.00
COUNTY COUN Approved: Approved: Current agmt #5404 appro	SEL: (Must approve all contract  ✓ Disapproved:  Disapproved:  ved 05/11/21	ts and MOU's) Date:06/01/20 Date:	By: Daniel Vandekoolwyk Vandekoolwyk Dies: 2023.06.01 13:2841-07'00'  By:
	<del> </del>	<del> </del>	

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP <a href="mailto:hhsa-contracts@edcgov.us">hhsa-contracts@edcgov.us</a> Thank you!