

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/02/2023

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA- Contracts

Name: Wayfinder Family Services

Dept. Contact: Brian Michaelson

Address: 8391 Auburn Boulevard

Phone: x6922

Citrus Heights, CA 95610

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola
Date: 2023.06.23 09:57:51 -07'00'

Phone: _____

Kristen Gurrola
Program Manager

Org Code: 5130

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA- CWS

Service Requested: contract review

Description: Therapeutic Counseling Services contract

Contract Term: 7/1/23-6/30/26 3 years Contract Value: \$ 99,000.00

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

Approved: Disapproved: Date: 05/03/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.05.03 13:24:08 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW