| Agreer | ment # <u>7981</u> |
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AGREEMENT CONTRACT ROUTING SHEET

| Date Prepared: | 08/29/2023 | Need Date: | 10/23/2023 | |
|----------------------------|---|-------------------------------|---|--|
| PROCESSING D | EPARTMENT: | CONTRACT | TOR: | |
| Department: | HHSA- Contracts | Name: Address: Phone: | New Morning Youth and Family Services 6765 Green Valley Road | |
| Dept. Contact: | Brian Michaelson | | | |
| Phone: | X6922 | | Placerville, CA 95667 | |
| Department Head Signature: | Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.10.09 09:18:36 -07'00' | | | |
| ŭ | Alisha Bryden Administrative Analyst Supervisor | Org Code: Project # | 5310 | |
| | / Administrative / Indiyot Super visor | (if applicable | e): | |
| | | Funding Sou | urce: | |
| CONTRACTING | DEPARTMENT: HHSA- Behavioral | Health | | |
| Service Requeste | - | | | |
| Description: LGB | TQIA Community Education Project | | | |
| Contract Term: 1 | 0/17/23-6/30/26 | Contract Value: \$ 400,000.00 | | |
| COUNTY COUNS | SEL: (Must approve all contrac | ts and MOU's) | | |
| | ✓ Disapproved: | Date: 10/09/20 | By: Jefferson Billingsley Digitally signed by Auftresco Billingsley Object 2023 10 to 10 to 60 to 3 To 10 | |
| Approved: | Disapproved: | Date: | By: | |
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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW