

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 02/23/2024

Need Date: 03/08/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: EDCHC

Dept. Contact: Courtney Jenkins

Address: 4212 Missouri Flat Road

Phone: x7154

Placerville, California 95667

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.02.23 13:16:36 -08'00'

Phone: _____

Alisha Bryden
Administrative Analyst Supervisor

Org Code: 5400

Project # _____
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Funding Out Agreement for EDCHC Dental Van restorative equipment

Contract Term: Upon Execution to 6/30/25 Contract Value: \$ 40,000.00

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

Approved: Disapproved: Date: 02/28/2024 By: Nicole Wright Digitally signed by Nicole Wright
Date: 2024.02.28 14:58:48 -08'00'

Approved: Disapproved: Date: _____ By: _____

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!