

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/23/2024

Need Date: 06/07/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kiera Garcia
Phone: x6923
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.05.23 12:21:17 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: County of Nevada
Address: 950 Maidu Ave
Nevada City, CA 95959
Phone: 530-470-2414
Org Code: 5320
Project #
(if applicable): _____
Funding Source: n/a

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of use of PHF revenue Agreement

Description: County of Nevada use of EDC PHF

Contract Term: Upon execution - 6/30/27 Contract Value: \$ 2,400,000.00

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

Approved: <input checked="" type="checkbox"/>	Disapproved: <input type="checkbox"/>	Date: <u>06/07/2024</u>	By: <u>Nicole Wright</u> <small>Digitally signed by Nicole Wright Date: 2024.06.07 10:49:36 -07'00'</small>
Approved: <input checked="" type="checkbox"/>	Disapproved: <input type="checkbox"/>	Date: <u>06/10/2024</u>	By: <u>Nicole Wright</u> <small>Digitally signed by Nicole Wright Date: 2024.06.10 11:27:02 -07'00'</small>

with edits noted in email.

6/10/24 with edits noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!