

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/15/2020

Need Date: 05/29/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: 642-7118
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o=HHSA,
ou=Fiscal Unit,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.05.19 12:13:41 -0700

CONTRACTOR:

Name: Arts & Culture El Dorado
Address: PO Box 2400
Placerville, CA 95667
Phone: 530-295-3496
Org Code: 5310
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of MHSA expenditure agreement - using approved template with vendor-specific updates.

Description: Expressive therapy under Prevention and Early Intervention component of MHSA

Contract Term: July 1, 2020 - June 30, 2023 Contract Value: \$ 300,000.00

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

Approved: Disapproved: Date: 05/20/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.05.20 15:52:15 -0700

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!