

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/11/2021

Need Date: 03/18/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: County of Placer

Dept. Contact: Darci Prall

Address: 175 Fulweiler Ave

Phone: 642-7373

Auburn, CA 95603

Department: Nita Wracker

Phone: _____

Head Signature: MBA CPA

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.11 11:56:30 -08'00'

Nita Wracker, Agency CFO

Org Code: 5400

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: _____

Description: Local Enforcement Agency (LEA) Solid Waste Management Activities

Contract Term: 05/01/21 - 04/30/26 Contract Value: \$ 625,000.00

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

Approved: Disapproved: Date: 03/17/2021 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.03.17 15:24:12
-0700'

Approved: Disapproved: Date: _____ By: _____

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!