

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/18/2021

Need Date: 04/01/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency
Dept. Contact: Darci Prall
Phone: 642-7373
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.17 13:52:53 -07'00'
MBA CPA
Nita Wracker, Agency CFO

Name: A Westfall Dental Corporation
Address: 3358 Sandy Way
South Lake Tahoe, CA 96150
Phone: _____
Org Code: 5440
Project # _____
(if applicable): Local Oral Health Grant 17-10689
Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: _____

Description: Sub-award for Mobile Dental Clinic, Equipment and supplies

Contract Term: 07/01/21-06/30/22 1yr Contract Value: \$ 40,000.00

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

Approved: Disapproved: Date: 03/23/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.03.23 13:27:26
-0500'

Current Agmt #4115-A1 (#19-0971 & #20-0650)

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!