

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/01/2021

Need Date: 04/05/2021

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Nita Wracker
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.31 16:43:21 -07'00'

CONTRACTOR:

Name: City of Placerville
Address: 3101 Center Street
Placerville, CA 95667
Phone: 530-642-5200
Org Code: 5210
Project #
(if applicable): _____
Funding Source: CDBG-CV

CONTRACTING DEPARTMENT: HSA - Community Services

Service Requested: MOU

Description: Roles and Responsibilities: Community Development Block Grant - Coronavirus (CDBG-CV) Funding

Contract Term: Execution - One Year Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 04/02/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2021.04.02 10:03:53
-07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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