

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 04/22/2021

**Need Date:** 05/06/2021

**PROCESSING DEPARTMENT:**

Department: HSA  
Dept. Contact: Ashley Wells  
Phone: x6906  
Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.04.22 14:34:41 -07'00'  
MBA CPA  
Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: Sierra Child and Family Services, Inc.  
Address: 4250 Fowler Lane  
Diamond Springs, CA 95619  
Phone: \_\_\_\_\_  
Org Code: 5310  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - MSA

Service Requested: Agreement for Services

Description: Student Outreach and Engagement Centers, and Mental Health Supports at EDUHSD

Contract Term: 07/01/21 - 06/30/23 Contract Value: \$ 520,000.00

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

Approved:  Disapproved:  Date: 05/11/2021 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Paula Frantz  
Date: 2021.05.11 15:17:17  
-07'00'

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [hlsa-contracts@edcgov.us](mailto:hlsa-contracts@edcgov.us) Thank you!**