

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/08/19

Need Date: 10/22/19

PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Darci Prall

Phone: 642-7373

Department Head Signature: *[Signature]*

Donald Semon, Director

CONTRACTOR:

Name: County of Alpine

Address: 75 A Diamond Valley Rd

Markleeville, CA 96120

Phone: _____

Org Code: 5100

Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: Health & Human Svcs

Service Requested: MOU for limited programmatic and administrative support services for the existing CWS/CMS legacy database and CWS California Automated Response and Engagement System (CARES) program implementation.

Contract Term: 3 year Upon execution

Contract Value: Reimbursement \$25,000 max 1st year

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

Approved: X Disapproved: _____ Date: 10/15/19 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW



PLEASE EMAIL HSA_CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!