

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/02/2020

Need Date: 10/09/2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Yvonne Kollings

Name: N/A
Address: _____
Phone: _____
Org Code: _____
Project # (if applicable): _____
Funding Source: _____

Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o, ou,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.10.02 13:59:50 -0700

Digitally signed by Paula Frantz
Date: 2020.10.08 15:28:23
-0700

CONTRACTING DEPARTMENT: HHSA - Behavioral Health Division

Service Requested: Review of Resolution Authorizing Use of PHF Template

Description: Resolution that authorizes the Use of the PHF Template and for the HHSA Director to sign them

Contract Term: N/a Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 10/08/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____

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!

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/22/2020

Need Date: 10/07/2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: N/A

Dept. Contact: Lisa Konyecsni

Address: _____

Phone: 295-6901

Phone: _____

Department: Yvonne Kollings, CFO

Org Code: _____

Head Signature: CFO

Digitally signed by Yvonne Kollings, CFO
Date: 2020.08.27 14:50:26 -07'00'

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA - Behavioral Health Division

Service Requested: Review of Use of Psychiatric Health Facility Boilerplate

Description: Boilerplate for use with other Counties that want to contract to use the EDC Psychiatric Health Facility

Contract Term: N/a Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 09/24/2020 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2020.09.24 15:11:51 -07'00'

Approved: Disapproved: Date: _____ By: _____

SEE NEXT PAGE FOR RISK APPROVAL

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!

CONTRACT ROUTING SHEET

Date Prepared: 09-25-2020 Need Date: 10-02-2020

PROCESSING DEPARTMENT:

Department: Health and Human Svcs Agency
Dept. Contact: Lisa Konyecsni
Phone #: Ext. 6901
Department: _____
Head Signature: CRS submitted to Counsel
Yvonne Kollings, CFO

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____
 Auditor notified: _____

CONTRACTING DEPARTMENT: N/A

Service Requested: Review Use of PHF Revenue Agreement Template
Contract Term: N/A Contract/Grant Value: N/A
Compliance with Human Resources requirements? N/A ___ Yes ___ No: ___
Compliance verified by: _____

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Submitted to Counsel under a separate Contract Routing Sheet.

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: X Disapproved: _____ Date: 28 Sep 2020 By: _____

Robert Schroeder
Risk Manager
Signed by Robert A. Schroeder

Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____