

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/14/2023

Need Date: 07/28/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA- Contracts

Name: HHSA Probation

Dept. Contact: Brian Michaelson

Address: _____

Phone: x6922

Phone: _____

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.07.14 15:23:49 -07'00'

Org Code: 5130

Alisha Bryden
Administrative Analyst Supervisor

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA- Protective Services

Service Requested: MOU review

Description: User access and fee sharing MOU

Contract Term: 2/12/23-2/11/26 Contract Value: \$ 30,070.46

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

Approved: Disapproved: Date: 07/17/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.07.17 08:50:08 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW