

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 12/02/2022

Need Date: 12/07/2022

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Alisha Bryden
Phone: 707-688-7629
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.11.22 07:57:49 -08'00'
Yvette Wencke, Administrative Analyst Supervisor

CONTRACTOR:

Name: Anthem Blue Cross (Blue Cross of California Partnership Plan, Inc.)
Address: _____
Phone: _____
Org Code: 5210
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Grant Funding Agreement Award for El Dorado HHSA (Continuum of Care Grant Funding)
Description: Funding In Agreement - Issued by Anthem Blue Cross
Contract Term: Upon Execution - 12/31/2023 Contract Value: 139,711

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

Approved: Disapproved: Date: 11/30/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.11.30 16:14:20 -08'00'
Approved: Disapproved: Date: 12/09/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.12.09 14:48:11 -08'00'

12/2/22 - resent modified Agreement with minor changes for secondary review by County Counsel

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

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

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

Departments: Information Technology
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____