

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/02/2023

Need Date: 05/29/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Darci Prall
Phone: x7373
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.05.23 08:36:22 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Industrial Employers And Distributors Association (IEAD)
Address: 2200 Powell Street, Suite 1000
Emeryville, CA 94563
Phone: _____
Org Code: 5270
Project # _____
(if applicable): _____
Funding Source: Title XIX reimbursement, Gen Fund

CONTRACTING DEPARTMENT: HHSA- In Home Support Services -Public Authority

Service Requested: _____

Description: MOU with IEADA on behalf of the IHSS PA; labor negotiations consultant

Contract Term: 1 year = 07/01/23-06/30/24 Contract Value: \$ 23,000.00

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

Approved: Disapproved: Date: 05/25/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.05.25 13:52:21 -07'00'
Approved: Disapproved: Date: _____ By: _____

Current agmt #61661 approved 03/25/22

* with changes incorporated 5/25/23.

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!