

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 05/03/2023

**Need Date:** 05/17/2023

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHS

Name: County of Santa Cruz

Dept. Contact: Darci Prall

Address: 1800 Green Hills Road, #240

Phone: x7373

Scotts Valley, CA 95060

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden  
Date: 2023.05.08 09:30:53 -0700

Phone: \_\_\_\_\_

assisting: Kristen Gurrola  
Program Manager

Org Code: 5240

Project # \_\_\_\_\_

(if applicable): \_\_\_\_\_

Funding Source: Federal / Medi-Cal Admin Activities

**CONTRACTING DEPARTMENT:** HHS

Service Requested: Review Agreement from the County of Santa Cruz

Description: Participation agreement for Santa Cruz to act as the Host Entity for Medi-Cal Administrative Activities

Contract Term: 07/01/2022-06/30/2025 Contract Value: \$ 30,000.00

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

Approved:

Disapproved:

Date: 05/09/2023

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk  
Date: 2023.05.09 13:23:12 -0700

Approved:

Disapproved:

Date: \_\_\_\_\_

By: \_\_\_\_\_

Previous agmt #4993 approved 06/26/20

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**