

*To Counsel 3/14/2019* **CONTRACT ROUTING SHEET**

Date Prepared: 3/04/2019

Need Date: ~~03/18/2019~~ 3/28/2019

**PROCESSING DEPARTMENT:**

Department: HEALTH & HUMAN SERVICE AGENCY

Dept. Contact: Consie Mote

Phone: X 7118

Department Head Signature: *Donald Semon*

Donald Semon, Director

**CONTRACTOR:**

Name: RESOLUTION

Address: REVENUE AGREEMENTS

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

Org Code: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HEALTH & HUMAN SERVICE AGENCY

Service Requested: Resolution to authorize signature authority to the HHSA Director to sign certain types of revenue agreements/allocations/documents in FY 2019-2020.

Contract Term: N/A Contract Value: \$0

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

Approved: X Disapproved: \_\_\_\_\_ Date: 3/19/19 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**COUNSEL -- PLEASE FORWARD TO RISK MANAGEMENT -- THANKS!**

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

Approved: X Disapproved: \_\_\_\_\_ Date: 3/21/19 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

N/A

EL DORADO COUNTY COUNSEL  
2019 APR 14 AM 10:13

PH4:16 HR/KM MHR 2/19

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

Departments: N/A

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*[Signature]* 3/10/19

Date

*[Signature]* 3/12/19

Deputy Director, Administration and Contracts

Date

*[Signature]* 3/7/19

Date

A/P or A/R Manager

*[Signature]* 3/5/19

Chief Fiscal Officer

Date