

Agreement # n/a

Legistar # 24-1831

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/10/2024

Need Date: 10/24/2024

## PROCESSING DEPARTMENT:

Department: Health and Human Services Agency

Dept. Contact: Khrista Ringnes

Phone: x7118

Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2024.10.10 15:03:45 -07'00'

Alisha Bryden  
Administrative Analyst Supervisor

## CONTRACTOR:

Name: CA Dept. of Veteran Affairs

Address: P.O. Box 94295

Sacramento, CA 94295

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

Org Code: 4200

Project #  
(if applicable): \_\_\_\_\_

Funding Source: Federal and State

## CONTRACTING DEPARTMENT: HHSA - VA

Service Requested: Review of annual certifications that need to be submitted to the CA Dept. of Veteran Affairs

Description: Review of Medi-Cal Cost Avoidance and County Subvention Certifications

Contract Term: 7/1/2023 - 6/30/2024 Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 10/23/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.10.23 17:09:49  
-07'00'

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

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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!