

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/06/2022

Need Date: 10/20/2022

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Brian Michaelson
Phone: X6922
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.10.11 08:29:23 -07'00'
Yvette Wencke
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

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

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

Contract Term: 7/1/22-6/30/23 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 10/16/2022 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2022.10.16 20:55:28 -07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW