

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/28/2021

Need Date: 06/04/2021

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: Health and Human Services Agency  
Dept. Contact: Zhana Mc Cullough/Kathy Deffebach  
Phone: Ext. 7154 / 7147  
Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.05.28 11:16:50 -0700'  
MBA CPA  
Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

Name: HHSA  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 5600  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_


**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Review resolution

Description: Record retention policy for Public Guardian.

Contract Term: Upon signature - perpetual Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 06/01/2021 By:   
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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