

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07-17-2019 07-26-2019

Need Date: 08-09-2019

PROCESSING DEPARTMENT:

Department: Health and Human Services

Dept. Contact: Zhana Mc Cullough

Phone: X 7154

Department

Head Signature: 

Donald Semon, Director

CONTRACTOR:

Name: FY 2019-2020 IHSS Public

Address: Authority Budget Resolution

Phone: _____

Org Code: 5210

Auditor/Controller Notified N/A - Under \$100k

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of FY 2019-2020 IHSS Public Authority Budget Resolution

Contract Term: 07/01/2019 - 06/30/2020 Contract Value: \$0.00

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

Approved: X Disapproved: _____ Date: 8/7/19 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2019 JUL 26 AM 11:31

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL HSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!