

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/21/2024

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: The Regents of the University of California on behalf of UC Davis

Dept. Contact: Max Hudock

Address: 436 California Drive

Phone: X6921

Davis, CA 95616

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.03.29 14:48:50 -07'00'

Phone: _____

Alisha Bryden
Administrative Analyst Supervisor

Org Code: 5000

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Staff Training

Contract Term: 7/1/24-6/30/27 Contract Value: \$ 296,437.50

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

Approved: Disapproved: Date: 04/12/2024 By: Nicole Wright Digitally signed by Nicole Wright
Date: 2024.04.12 15:09:08 -07'00'

Approved: Disapproved: Date: _____ By: _____

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!