

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/30/2024

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Max Hudock
Phone: X6921
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.08.30 10:55:05 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Koefran Industries
Address: 11350 Kiefer Blvd
Sacramento, CA 95830
Phone: _____
Org Code: 5500
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Animal carcass rendering services

Contract Term: 1/1/25-12/31/28 Contract Value: \$ 135,000.00

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

Approved: Disapproved: Date: 09/03/2024 By: Roger A. Runkle
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Roger A. Runkle
Date: 2024.09.03 11:03:20 -07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!