

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/11/2020

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency
Dept. Contact: Darci Prall
Phone: 642-7373
Department Head Signature: Yvonne Kollings, CFO
Digitally signed by Yvonne Kollings, CFO
Date: 2020.08.13 13:26:35 -07'00'
Yvonne Kollings, CFO

Name: Avellino Lb USA, Inc.
Address: 1505 Adams Drive, Suite B2
Mello Park, CA 94025
Phone: _____
Org Code: 5400
Project # _____
(if applicable): _____

Funding Source: CARES ACT / Realignment

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: COVID Test supplies and results


Description: Term #4905 (\$10,000 05/08/20-06/06/21) & #5078 will supersede.

Contract Term: *Upon execution - 12/31/20 Contract Value: \$ 3,150,000.00

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

Approved: Disapproved: Date: 08/17/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.08.17 17:39:57 -07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW Approved

Lauren Montalvo 8/21/2020 

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!