

Agreement # templates

Legistar # 24-2106

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/10/2024

Need Date: 10/11/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Alisha Bryden
Phone: 7317
Department
Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.10.10 13:02:06 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: NA - Template
Address: _____
Phone: _____
Org Code: 5310
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review contract for single case agreement for urgent STRTP youth services

Description: template review

Contract Term: up to 18 months Contract Value: \$ 300,000.00

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

Approved: Disapproved: Date: 10/16/2024 By: Nicole Wright Digitally signed by Nicole Wright
Date: 2024.10.16 14:25:07 -07'00'
Approved: Disapproved: Date: 11/22/2024 By: Nicole Wright Digitally signed by Nicole Wright
Date: 2024.11.22 10:33:50 -08'00'

RUSH Review Request

Template approved as to form, as edited, for all county to county agreements that use this template so long as the template is unmodified excepting identification of the county of residence (COR).

COR contact information, dollar amount up to the Purchasing Agent's authority, and term. Any changes to the template require further CoCo approval.

Please resubmit if used beyond 2025 for evaluation of any changes in the law that need to be taken into consideration.

Approved as to form as edited, noting the same comments as above regarding use. NCW 11.22.24

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!

Agreement # template

Legistar # 24-2106

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/22/2024

Need Date: 10/29/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Alisha Bryden
Phone: 7317
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.10.10 13:02:06 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: NA - Template
Address: _____
Phone: _____
Org Code: 5310
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review contract for Provider agreement for urgent STRTP youth services

Description: template review

Contract Term: TBD Contract Value: _____

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

Approved: Disapproved: Date: 11/22/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.11.22 09:44:21 -08'00'
Approved: Disapproved: Date: _____ By: _____

RUSH Review Request

with edits 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!

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/10/2024

Need Date: 10/11/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Alisha Bryden
Phone: 7317
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.10.10 13:02:06 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: NA - Template
Address: _____
Phone: _____
Org Code: 5310
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review contract for single case agreement templates for urgent STRTP youth services

Description: template review

Contract Term: 18 months Contract Value: \$ 300,000

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

Approved: Disapproved: Date: 10/16/2024 By: Nicole Wright
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Nicole Wright
Date: 2024.10.16 14:25:07 -0700'

RUSH Review Request

Template approved as to form, as edited, for all county to county agreements that use this template so long as the template is unmodified excepting identification of the county of residence (COR).

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

Signature: Amanda Magnuson
Amanda Magnuson (Nov 14, 2024 17:01 PST)

RISK MANAGEMENT: APPROVED BY: amanda.magnuson@edcgov.us

Date: _____

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!