CONTRACT ROUTING SHEET

Date Prepared: ~~06-21-2016~~ 6-28-2016   **Need Date:** 07-05-2016
Needed for 08-02-2016 Agenda

PROCESSING DEPARTMENT: **CONTRACTOR:**

Department:	HHSA/CS	Name:	CA Dept. of Community Services
Dept. Contact:	Zhana Mc Cullough	Address:	2389 Gateway Oaks Dr., Suite 100
Phone #:	7154		Sacramento, CA 95833
Department Head Signature:	*(signature)*	Phone:	

Don Ashton, MPA, Director

CONTRACTING DEPARTMENT: HHSA/Community Services
Service Requested: Funding Agreement to support Agency training and technical assistance needs.
Contract Term: 06/15/2016 – 12/31/2016   Contract/Grant Value: $17,000
Compliance with Human Resources requirements?   N/A   **X**   Yes _____   No: _____
Compliance verified by: N/A – Incoming Funding

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: **X**   Disapproved: _____   Date: 6/28/16   By: *(signature)*
Approved: _____   Disapproved: _____   Date: _____   By: _____

(stamp: EL DORADO COUNTY COUNSEL 2016 JUN 28 PM 1:23)

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: ✓   Disapproved: _____   Date: 7-1-16   By: *(signature)*
Approved: _____   Disapproved: _____   Date: _____   By: _____

(stamp: EDC HR/RISK '16 JUN 29 PM 02:33)

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.
Departments: _____
Approved: _____   Disapproved: _____   Date: _____   By: _____
Approved: _____   Disapproved: _____   Date: _____   By: _____

(signature)   6/28/16
CFO Review   Date

(signature)   6/23/16
Deputy Director, Administration and Contracts   Date

Rev. 12/2000 (GS-GVP)   @ 6/21/16   yok 6/23/16   16-0744 A 1 of 3

CONTRACT ROUTING SHEET

Date Prepared: 06-27-2016   **Need Date:**

PROCESSING DEPARTMENT: **CONTRACTOR:**

Department:	HHSA/CS	Name:	CA Dept. of Community Services
Dept. Contact:	Zhana Mc Cullough	Address:	2389 Gateway Oaks Dr., Suite 100
Phone #:	7154		Sacramento, CA 95833
Department		Phone:	
Head Signature:			
	Don Ashton, MPA, Director		

CONTRACTING DEPARTMENT: HHSA/Community Services

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_____

_____

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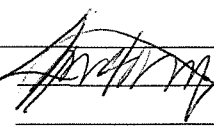**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

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

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

_____

_____

_____

_____

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Departments: *Information Technologies*

Approved: ✓   Disapproved: _____ Date: 7/1/16   By: _____

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

_____

CFO Review	Date	Deputy Director, Administration and Contracts	Date

County of El Dorado
Information Technologies

Jon Henry
Deputy Director

Address: 360 Fair Lane
Placerville, CA 95667
Voice (530) 621-5452

MEMORANDUM

Date: July 1, 2016

To: Zhana McCullough, HHSA/Public Health

Subject: Contract Review HHSA 497-F1611 DCSD Services Funding Agreement

Information Technologies reviewed the subject contract, and the following items are noted:

Section 4.6, Paragraph A 2 (page 15)
The method of data exchange should be via secure socket layer authentication.

Section 4.6, Paragraph A 4 a (page 15)
The IT Department assumes that "...*shall be protected through the use of encryption software.*" means that the use of Transport Layer Security (TLS) is sufficient protection. Also, it is assumed that DCSD systems support TLS.

"The commitment of the Information Technologies staff is to deliver creative, practical solutions and services in support of the current and future technological needs of El Dorado County."

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