

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/23/2020

Need Date: 10/10/2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: PG&E

Dept. Contact: Consie Mote

Address: 77 Beale Street

Phone: (530) 642-7118

San Francisco, California 94105.

Department Head Signature: Yvonne Kollings, CFO

Phone: 510-504-7407

Digitally signed by Yvonne Kollings, CFO
Date: 2020.09.24 17:26:31 -07'00'

Org Code: 5220

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Revenue Agreement

Description: PG&E CARE program

Contract Term: 11/10/2020-12/31/2023 Contract Value: \$ 20,000.00

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

Approved: Disapproved: Date: 10/07/2020 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2020.10.08 15:24:31 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

Risk review under separate cover

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

Contract #: C24184
Org Code: 5220

CONTRACT ROUTING SHEET

Date Prepared: 09/24/2020

Need Date: 10/10/2020

PROCESSING DEPARTMENT:

Department: Health and Human Svcs Agency
Dept. Contact: Consie Mote
Phone #: Ext. 7118
Department
Head Signature: On page 1 of 2

CONTRACTOR:

Name: PG&E
Address: 77 Beale Street
San Francisco, CA 94105
Phone: 510-504-7407

5220

CONTRACTING DEPARTMENT: Health and Human Services Agency

Contract Term: 11/01/2020 – 12/31/2023 Contract/Grant Value: \$20,000
Compliance with Human Resources requirements? N/A X Yes No:
Compliance verified by: Incoming Revenue

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

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

Counsel approval under separate cover, on page 1 of 2.

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: Date: By:
Approved: X Disapproved: Date: 23 Oct 2020 By: [Signature]

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:

CFO Review / Date

Deputy Director, Administration and Contracts / Date

A/P or A/R Mgr Approval: / Date

Contracts ASO Approval: / Date