

Agreement # N/A

Legistar # 21-0242

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 02/09/2021

Need Date: 02/23/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kathryn Deffebach
Phone: x7147
Department: Nita Wracker
Head Signature: MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.02.09 11:11:44 -08'00'
Nita Wracker, CPA, Agency Chief Fiscal Officer

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____
Org Code: 500000
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA - Resolution

Service Requested: Advice on Resolution

Description: Resolution authorizing County Auditor to remit EIP payments

Contract Term: n/a Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 02/24/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.02.24 17:41:18
-08'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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