

# REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 04/15/2024

Need Date: 04/24/2024

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Kiera Garcia  
Phone: x6923  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2024.04.12 12:55:53 -07'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Snowline Hospice of El Dorado County  
Address: 6280 Pleasant Valley Rd  
Diamond Springs, CA 95619  
Phone: \_\_\_\_\_  
Org Code: 5230  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review of revenue MOU #8212  
Description: Senior day care services/respite support for caregivers  
Contract Term: Upon execution - 3 years Contract Value: \$90,000

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

Approved:  Disapproved:  Date: 04/24/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.04.24 10:33:27 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

with edits noted in email.

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: \_\_\_\_\_

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_