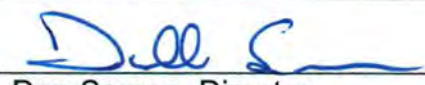


Contract #: CalSAWS JPA and MOU  
Org Code: 5100

# CONTRACT ROUTING SHEET

Date Prepared: 02-13-2019 02-28-2019 Need Date: 03-08-2019

**PROCESSING DEPARTMENT:**

Department: Health and Human Svcs Agency  
Dept. Contact: Zhana Mc Cullough  
Phone #: Ext. 7154  
Department Head Signature:   
Don Semon, Director

**CONTRACTOR:**

Name: CalSAWS (California Single  
Address: Automated Welfare System)  
Replaces CalACES  
Phone: \_\_\_\_\_  
 Auditor Notified: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

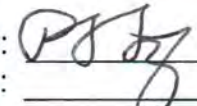
Service Requested: Review of finalized Second Amended and Restated Joint Exercise of Powers Agreement, MOU, and Bylaws

Contract Term: 06/28/2019 - perpetual Contract/Grant Value: Unknown \$44,530 FY 19-20 est:

Compliance with Human Resources requirements? N/A  Yes  No: \_\_\_\_\_

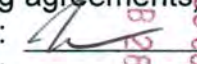
Compliance verified by: Approved per Muzzy Garcia

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

Approved: X Disapproved: \_\_\_\_\_ Date: 3/4/2019 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: X Disapproved: \_\_\_\_\_ Date: 3/14/19 By:  (MEP)  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2019 FEB 28 AM 10:51

**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: Information Technologies (under separate cover)

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

CFO Review:  / 2/19/19 Date

Deputy Director, Administration and Contracts:  / 2/15/19 Date

A/P or A/R Mgr Approval:  / 2/22/19 Date

Contracts ASO Approval:  / 2/15/19 Date

Please contact [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) for contract pickup.

Contract #: CalSAWS JPA and MOU  
Org Code: 5100

# CONTRACT ROUTING SHEET

Date Prepared: 02-13-2019

Need Date: 02-28-2019

**PROCESSING DEPARTMENT:**

Department: Health and Human Svcs Agency  
Dept. Contact: Zhana Mc Cullough  
Phone #: Ext. 7154  
Department \_\_\_\_\_  
Head Signature: \_\_\_\_\_  
Don Semon, Director

**CONTRACTOR:**

Name: CalSAWS (California Single  
Address: Automated Welfare System)  
Replaces CalACES  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Review of finalized Second Amended and Restated Joint Exercise of Powers Agreement, MOU, and Bylaws

Contract Term: 06/28/2019 - perpetual Contract/Grant Value: \$unknown  
Compliance with Human Resources requirements? N/A Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

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

**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: \_\_\_\_\_

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

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Departments: Information Technologies (under separate cover)

Approved:  Disapproved: \_\_\_\_\_ Date: 2/19/2019 By: [Signature]  
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

**Please contact [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) for contract pickup.**