Agreement # N/A

NEW AGREEMENT
CONTRACT ROUTING SHEET

Date Prepared: 10/16/18

Need Date: 10/24/18

PROCESSING DEPARTMENT:
Department: Health and Human Services Agency
Dept. Contact: Kathryn Deffebach
Phone: 7147
Department Head Signature: [signature]

CONTRACTOR:
Name: California Dept of Veteran Affairs
Address: Sacramento, ca 94295-0001
PO Box 942895
Phone:
Org Code: 4200

CONTRACTING DEPARTMENT: Health and Human Services Agency
Service Requested: Revenue - - - Participation in Medi-Cal Cost Avoidance and County Subvention Programs
Contract Term: Annual
Contract Value: $ 0.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: X Disapproved: Date: 10/24/18 By: [signature]
Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2018 OCT 23 PM 3:48

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x 7147 FOR PICK-UP...THANKS!

2