

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/12/2023

Need Date: 09/20/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Courtney Jenkins
Phone: x7954
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.09.12 15:36:49 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

Name: Maxim Healthcare Staffing Services. Inc
Address: 7227 Lee Deforest Drive
Columbia, MD 21046-3236
Phone: (410) 910-1500
Org Code: 5400
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: PH staffing support

Contract Term: Upon execution through December 31, 2025 Contract Value: \$ 200,000.00

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

Approved: Disapproved: Date: 10/11/2023 By: Jefferson Billingsley
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Jefferson Billingsley
Date: 2023.10.11 14:47:31 -07'00'

* Version of 10/22/23 approved.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW