

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/05/2020

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Zhana Mc Cullough
Phone: Ext. 7154
Department Head Signature: Yvonne Kollings, CFO
Digitally signed by Yvonne Kollings, CFO
Date: 2020.11.05 12:52:04 -08'00'
Yvonne Kollings, CFO

CONTRACTOR:

Name: CA Dept. of Veterans Affairs
Address: P. O. Box 942895
Sacramento, CA 94295
Phone: _____
Org Code: 4200
Project # _____
(if applicable): _____
Funding Source: Federal and State

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Annual review of certifications that need to be submitted to the CA Dept. of Veterans Affairs.

Description: Medi-Cal Cost Avoidance and County Subvention

Contract Term: 07/01/2020 - 06/30/2021 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 11/12/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.11.12 15:18:29 -08'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW