

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/11/2020

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: WestPac Labs, Inc.

Dept. Contact: Darci Prall

Address: 10200 Pioneer Blvd, Suite 500

Phone: 642-7373

Santa Fe Springs, CA 90670

Department Head Signature: Yvonne Kollings, CFO

Phone: _____

Digitally signed by Yvonne Kollings, CFO
Date: 2020.08.13 13:24:49 -07'00'

Org Code: 5400

Project # _____

(if applicable): _____

Funding Source: CARES ACT / Realignment

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: COVID Test supplies and results


Description: _____

Contract Term: *Upon execution - 12/31/20 Contract Value: \$ 3,150,000.00

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

Approved: Disapproved: Date: 08/17/2020 By: Paula Frantz

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW Approved
Lauren Montalvo 8/21/2020 

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!