

Contract #: Pending 279-M1810
Index Code: 419500

CONTRACT ROUTING SHEET

To Counsels

Date Prepared: 10/31/2017
10/23/2017

Need Date: 11/14/2017
11/01/2017
(Needs to go to BOS 12/12/17)

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Consie Mote
Phone #: X 7118
Department
Head Signature: [Signature] 10/31/17
Patricia Charles-Heathers, Ph.D., Director

CONTRACTOR:

Name: CA Department of Health Care Services
Address: 1500 Capitol Avenue, MS 2702
Sacramento, CA 95899
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Performance Agreement
Contract Term: 07/01/2017-06/30/2018 Contract/Grant Value: \$ 0.00
Compliance with Human Resources requirements? N/A x Yes _____ No: _____
Compliance verified by: N/A

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

Approved: X Disapproved: _____ Date: 11/3/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED COUNTY COUNSEL
NOV 6 AM 7:37

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: 11-6-17 By: MS
Approved: _____ Disapproved: _____ Date: _____ By: _____
NOTE: INDEMNIFICATION AGREEMENT IN FAVOR OF STATE. BUT NO INSURANCE REQUIREMENTS TO SUPPORT IT.
NOTHING FOR RISK
AM 9:44 HR/RM NOV 6 '17

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: _____

Please contact Consie Mote, X7118 with questions or for contract packet pick-up. Thank you!

[Signature] 10/26/17
Chief Fiscal Officer Date

[Signature] 10/30/17
Deputy Director, Administration and Contracts Date

A/P or A/R Mgr Approval: [Signature] 10/30/17
Initials/Date

Contracts ASO Approval: [Signature] 10/24/17
Initials/Date

Contract #: Pending
Index Code: 419500

CONTRACT ROUTING SHEET 2 of 2

Date Prepared: 10/23/2017

Need Date: 11/01/2017
(Needs to go to BOS 12/12/17)

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Consie Mote
Phone #: X 7118
Department
Head Signature: _____

CONTRACTOR:

Name: CA Department of Health Care Services
Address: 1500 Capitol Avenue, MS 2702
Sacramento, CA 95899
Phone: _____

Patricia Charles-Heathers, Ph.D., Director

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Performance Agreement
Contract Term: 07/01/2017-06/30/2018 Contract/Grant Value: \$ 0.00
Compliance with Human Resources requirements? N/A Yes _____ No: _____
Compliance verified by: N/A

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).

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
Approved: Disapproved: _____ Date: 10/25/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact Consie Mote, X7118 with questions or for contract packet pick-up. Thank you!

Chief Fiscal Officer _____ Date _____

Deputy Director, Administration and Contracts _____ Date _____

A/P or A/R Mgr Approval: _____ / _____
Initials/Date

Contracts ASO Approval: _____ / _____
Initials/Date