

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/14/2023

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: Sacramento and Alpine Counties

Dept. Contact: Courtney Jenkins

Address: _____

Phone: x7154

Phone: _____

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.07.17 09:42:41 -07'00'

Org Code: 5400

Alisha Bryden
Administrative Analyst Supervisor

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Health Officer Coverage for El Dorado, Alpine and Sacramento Counties

Contract Term: Perpetual Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 08/01/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.08.01 11:30:45 -07'00'

Approved: Disapproved: Date: _____ By: _____

* draft sent 8/1/23

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW