

Agreement # N/A

Legistar # 20-0291

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/14/2020

Need Date: 04/17/2020

**PROCESSING DEPARTMENT:**

Department: Health and Human Svcs Agency  
Dept. Contact: Kathryn Deffebach  
Phone: x7147  
Department: Yvonne Kollings,  
Head Signature: CFO

Digitally signed by Yvonne Kollings, CFO  
DN: cn=Yvonne Kollings, CFO, o=El Dorado County, ou=HHSA,  
email=yvonne.kollings@edcgov.us, c=US  
Date: 2020.04.16 17:05:15 -0700'

**CONTRACTOR:**

Name: Resolution re temp avg payments  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: \_\_\_\_\_  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services

Service Requested: Delegate authority to HHSA Director to amend certain agreements on a temporary basis.

Description: BH service providers requesting assistance during COVID-19 crisis

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 04/16/2020 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by Paula Frantz  
Date: 2020.04.16 17:18:16 -0700'

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**