

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/24/2023

Need Date: 05/08/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA- Contracts

Name: Maximus Human Services

Dept. Contact: Brian Michaelson

Address: 1891 Metro Center Dr.

Phone: X6922

Reston, VA 20190

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola
Date: 2023.04.21 12:53:07 -07'00'

Phone: _____

Kristen Gurrola
Program Manager

Org Code: 5130

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA- Social Services

Service Requested: Contract review

Description: Social Security Advocacy

Contract Term: 7/1/23-6/31/26 Contract Value: \$ 250,000.00

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

Approved: Disapproved: Date: 04/25/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.04.25 11:24:59 -07'00'

Approved: Disapproved: Date: _____ By: _____

* With comments and edits noted 4/25/23

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW