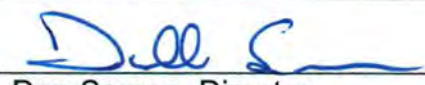


Contract #: CalSAWS JPA and MOU
Org Code: 5100

CONTRACT ROUTING SHEET

Date Prepared: 02-13-2019 02-28-2019 Need Date: 03-08-2019

PROCESSING DEPARTMENT:

Department: Health and Human Svcs Agency
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department Head Signature: 
Don Semon, Director

CONTRACTOR:

Name: CalSAWS (California Single
Address: Automated Welfare System)
Replaces CalACES
Phone: _____
 Auditor Notified: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

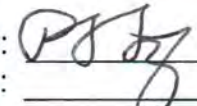
Service Requested: Review of finalized Second Amended and Restated Joint Exercise of Powers Agreement, MOU, and Bylaws

Contract Term: 06/28/2019 - perpetual Contract/Grant Value: Unknown \$44,530 FY 19-20 est:

Compliance with Human Resources requirements? N/A Yes No: _____

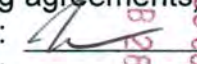
Compliance verified by: Approved per Muzzy Garcia

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

Approved: X Disapproved: _____ Date: 3/4/2019 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: X Disapproved: _____ Date: 3/14/19 By:  (MEP)
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNCIL
2019 FEB 28 AM 10:51

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: _____

CFO Review:  / 2/19/19 Date

Deputy Director, Administration and Contracts:  / 2/15/19 Date

A/P or A/R Mgr Approval:  / 2/22/19 Date

Contracts ASO Approval:  / 2/15/19 Date

Please contact hhsa-contracts@edcgov.us for contract pickup.

Contract #: CalSAWS JPA and MOU
Org Code: 5100

CONTRACT ROUTING SHEET

Date Prepared: 02-13-2019

Need Date: 02-28-2019

PROCESSING DEPARTMENT:

Department: Health and Human Svcs Agency
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department _____
Head Signature: _____
Don Semon, Director

CONTRACTOR:

Name: CalSAWS (California Single
Address: Automated Welfare System)
Replaces CalACES
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of finalized Second Amended and Restated Joint Exercise of Powers Agreement, MOU, and Bylaws

Contract Term: 06/28/2019 - perpetual Contract/Grant Value: \$unknown
Compliance with Human Resources requirements? N/A Yes _____ No: _____
Compliance verified by: _____

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 (under separate cover)

Approved: Disapproved: _____ Date: 2/19/2019 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

CFO Review / Date

Deputy Director, Administration and Contracts / Date

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

Contracts ASO Approval: / Date

Please contact hhsa-contracts@edcgov.us for contract pickup.