

Agreement # N/A

Legistar # 21-0746

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/27/2021

Need Date: 05/11/2021

PROCESSING DEPARTMENT:

Department: Health & Human Services Agency
Dept. Contact: Kathryn Deffebach
Phone: x7147
Department: Nita Wracker
Head Signature: MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.04.27 14:09:46 -07'00'
Nita Wracker, CPA, Agency Chief Fiscal Officer

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____
Org Code: _____
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Resolution authorizing payment of 2nd round of EIP checks for foster youth.

Description: Resolution

Contract Term: N/A Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 05/03/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.05.03 16:00:39 -07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!