

Agreement # \_\_\_\_\_

Legistar # \_\_\_\_\_

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/27/2023

Need Date: 05/17/2023

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA  
Dept. Contact: Darci Prall  
Phone: x7373  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.05.02 11:12:35 -07'00'  
Kristen Gurrola  
Program Manager

Name: Commission of Aging  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 5210  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review of Commission revisions  
Description: Commission on Aging Policies and Procedures  
Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 5/4/23 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

EDC Ordinance & Commission on Aging Bylaws attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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!**