

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/30/2021

Need Date: 04/15/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: 642-7118
Department Head Signature: Nita Wracker
MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.30 15:04:08 -07'00'
Nita Wracker, MBA CPA
Agency CFO

CONTRACTOR:

Name: Avellino Lab USA, Inc. AND Subcont: Covid Dx
Address: 1505 Adams Drive, Suite B2,
Menlo Park, CA 94025
Phone: _____
Org Code: 5400
Project # _____
(if applicable): 54disaster-54opex-50300-ws
Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Contract

Description: Agreement between Avellino, Covid Dx and County for Covid testing

Contract Term: Upon execution with three(3) 1-yr renewable terms Contract Value: \$ 3,500,000.00

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

Approved: Disapproved: Date: 04/27/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.04.27 16:37:28
-07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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