

TB Counsel:

3/6/2020

CONTRACT ROUTING SHEET

Date Prepared: 3/5/20

Need Date: 3/13/20

PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Consie Mote

Phone: X 7118

Department Signature: *Yvonne Hollings*

CONTRACTOR:

Name: EDCOE

Address: 6767 Green Valley Road

Placerville, CA 95667

Phone: 530-622-7130

Org Code: 5130

Auditor/Controller Notified N/A under \$100,000

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Child Abuse Prevention Council Activities

Contract Term: 3 yrs, 7/1/20-6/30/2023 Contract Value: \$430,000

Contract Type: **Expenditure Agreement** or Amendment

Non-Financial Agreement or Amendment

Revenue Agreement or Amendment

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

Approved: X Disapproved: _____ Date: 3/11/2020 By: *PO Daly*

Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL:

Approval will occur in FENIX → Please return to HHSA **EDC COUNTY COUNSEL 2020 MAR 6 AM 10:40**

Approval will occur outside FENIX → Please route to Human Resources

Compliance with Human Resources requirements? Yes _____ No: _____

Compliance verified by: _____

RISK MANAGEMENT:

Approval will occur in FENIX → Please return to HHSA

Approval will occur outside FENIX → Please route to Risk Management

Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: N/A {or insert Dept here}

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!