

Agreement # N/A

Legistar # 21-0421 4/13/21

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/05/2021

Need Date: 03/12/2021

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: 2021.03.05 16:23:39 -08'00'
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Resolution
Address: _____
Phone: _____
Org Code: _____
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review and approval of Resolution

Description: Resolution authorizing 10% Realignment transfer from SS/PH to BH

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

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

Approved: Disapproved: Date: 03/31/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.03.31 16:25:27
-0700'

Form Received CoCo 3/26/2021

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!