

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 08/25/2022

**Need Date:** 09/02/2022

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA

Name: Marshall Medical

Dept. Contact: Darci Prall

Address: \_\_\_\_\_

Phone: x7373

Phone: \_\_\_\_\_

Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer  
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer  
Date: 2022.08.29 17:14:47 -07'00'

Org Code: 5430300

Project # \_\_\_\_\_

(if applicable): \_\_\_\_\_

Kimberly McAdams  
Agency Chief Fiscal Officer

Funding Source: Grant #17-1035

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review of Funding Out Agreement

Description: Marshall Medical to be the subrecipient of CDPH Immunization funds

Contract Term: Upon execution - 06/30/2023 with 1 year extension Contract Value: \$ 350,000.00

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

Approved:  Disapproved:  Date: 09/02/2022 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2022.09.02 14:17:34 -07'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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**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!**