

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/09/2020

Need Date: 09/23/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kathryn Deffebach
Phone: x7147
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o, ou,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.09.11 10:48:10 -0700'

CONTRACTOR:

Name: CDSS Foster Family Agency Placement boilerplate
Address: and Resolution
Phone: _____
Org Code: _____
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review and approval of attached FFA Placement template, and Resolution

Description: Replacement template for approved template 4/16/16 and Resolution 061-2016

Contract Term: N/A Contract Value: _____

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

Approved: Disapproved: Date: 10/06/2020 By: _____
Approved: Disapproved: Date: _____ By: _____

Approved by Paula F. Frantz, Sr. Deputy County Counsel

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us **Thank you!**