

Agreement # 5137

Legistar # 20-1171

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/01/2020

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Darci Prall
Phone: 642-7373
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o, ou,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.09.01 11:22:30 -0700
Yvonne Kollings, CFO

CONTRACTOR:

Name: Covid Dx, LLC
Address: 3912 Mossview Place
El Dorado Hills, CA 95762
Phone: _____
Org Code: 5400
Project # _____
(if applicable): _____
Funding Source: CARES ACT / FEMA

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: COVID-19 specimen collection & testing

Description: _____

Contract Term: 1 year upon execution Contract Value: \$ 500,000.00

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

Approved: Disapproved: Date: 09/04/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.09.04 17:25:51
-0700

See email re concern about indemnity

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!