

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 04/26/2024

**Need Date:** 05/10/2024

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Khrista Ringnes  
Phone: x7118  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2024.05.01 16:20:06 -0700  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Maximus Inc  
Address: 1600 Tysons Blvd, #1400  
McLean VA 22102  
Phone: 415-699-6737  
Org Code: 5110  
Project #  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA - Self Sufficiency

Service Requested: Review of agreement

Description: Agreement for SSI Advocacy for the Housing and Disability Advocacy Program

Contract Term: 07/01/2024 - 06/30/2026 Contract Value: \$ 95,000.00

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

Approved:  Disapproved:  Date: 05/16/2024 By: Nicole Wright  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Nicole Wright  
Date: 2024.05.16 11:07:31 -0700

with comments as noted in email.  
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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL SIGNED DOCUMENT TO:**

**Thank you!**