

Agreement # _____

Legistar # 23-0831

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/17/2023

Need Date: 05/08/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA- Contracts

Name: _____

Dept. Contact: Brian Michaelson

Address: _____

Phone: x6922

Phone: _____

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola
Date: 2023.04.21 16:15:30 -07'00'

Org Code: 5100

Kristen Gurrola
Program Manager

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: HHSA BH Director or designee to accept and sign certain revenue agreements on behalf of the county BOS.

Contract Term: 07/01/2023-6/30/2024 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 04/25/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.04.25 11:31:37 -07'00'

Approved: Disapproved: Date: _____ By: _____

* with edits noted 4/25/23

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW