

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/08/2023

Need Date: 05/22/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: n/a

Dept. Contact: Alisha Bryden

Address: _____

Phone: X 7317

Phone: _____

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.05.08 12:18:15 -07'00'

Org Code: _____

Kristen Gurrola
Program Manager

Project # _____

(if applicable): _____

Funding Source: SMHS

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal review of State provided template and exhibits

Description: Review Boilerplate Contract Template - Social Rehabilitation Residential Treatment

Contract Term: n/a Contract Value: \$ 0.00

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

Approved:

Disapproved:

Date: 05/25/2023

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2023.05.25 12:41:19 -07'00'

Approved:

Disapproved:

Date: 07/31/2023

By: [Signature] Digitally signed by Daniel Vandekoolwyk
Date: 2023.05.25 12:41:19 -07'00'

Template approved for all agreements that utilize this template with modifications only of vendor and price. Any changes to template require further CoCo approval
Please re-submit if used beyond 2024 to ensure that we encompass any changes in law.

7/28/23: Made updates to Boilerplate and Scope of Work to resubmission to Counsel for review

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW