

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/16/2021

Need Date: 04/23/2021

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency

Dept. Contact: Zhana Mc Cullough

Phone: 7154

Department Head Signature: Nita Wracker

MBA CPA

Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.03.23 10:54:00 -07'00'

**CONTRACTOR:**

Name: Health and Human Services Agency

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Org Code: 5310

Project #  
(if applicable): \_\_\_\_\_

Funding Source: State, Federal

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Review of revised resolution. CAO instructed us to change the resolution to delegate authority to the

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

Contract Term: 07/01/2021 - 06/30/2022 Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 04/27/2021 By: Paula Frantz

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by Paula Frantz  
Date: 2021.04.27 16:06:41  
-07'00'

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

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