

# CONTRACT ROUTING SHEET

Date Prepared: 03/06/2020

Need Date: 03/18/2020

### PROCESSING DEPARTMENT:

Department: Health & Human Svcs  
Dept. Contact: Darci Prall  
Phone: 642-7373  
Department Signature: *Yvonne Hollings*

### CONTRACTOR:

Name: New Connections Communications Services  
Address: 2550 Ninth Street, Suite 113 Berkley, CA 94710  
Phone: \_\_\_\_\_  
Org Code: 5130

Auditor/Controller Notified *email studied*       N/A under \$100,000

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: After hours telephone answering service

Contract Term: 05/01/20-04/30/23 3 years      Contract Value: \$125,000

Contract Type:  Expenditure Agreement or Amendment  
 Non-Financial Agreement or Amendment  
 Revenue Agreement or Amendment

EDC COUNTY COUNSEL  
2020 MAR 11 AM 11:01

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

Approved: X      Disapproved: \_\_\_\_\_      Date: 3/11/2020      By: *P. Prantz*  
Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_      Date: \_\_\_\_\_      By: \_\_\_\_\_

### HR APPROVAL:

Approval will occur in FENIX → Please return to HHSA

Approval will occur outside FENIX → Please route to Human Resources  
Compliance with Human Resources requirements?      Yes \_\_\_\_\_      No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

### RISK MANAGEMENT:

Approval will occur in FENIX → Please return to HHSA

Approval will occur outside FENIX → Please route to Risk Management  
Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_      Date: \_\_\_\_\_      By: \_\_\_\_\_

### OTHER APPROVAL: N/A {or insert Dept here}

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

**PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!**