

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/23/2021

Need Date: 04/06/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Zhana Mc Cullough
Phone: 7154
Department Head Signature: Nita Wracker
MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.23 10:38:23 -07'00'
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Health and Human Services Agency
Address: _____
Phone: _____
Org Code: 5000
Project # _____
(if applicable): _____
Funding Source: Various State, Federal, and local entities

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Resolution.

Description: Resolution delegates signature authority to the HHSA 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: 03/23/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.03.23 13:47:31
-0500'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW