

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/16/2022

Need Date: 05/24/2022

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHS

Name: Health and Human Services Agency

Dept. Contact: Courtney Jenkins

Address: _____

Phone: (530) 642-7154

Phone: _____

Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.05.16 17:24:31 -07'00'

Org Code: 5130

Project # _____

(if applicable): _____

Kimberly McAdams
Agency Chief Fiscal Officer

Funding Source: Federal, State

CONTRACTING DEPARTMENT: HHS


Service Requested: Legal Review

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

Contract Term: 07/01/2022-06/30/2023 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 05/24/22 By: Paula F. Frantz

Approved: Disapproved: Date: 06/10/22 By: 
Paula.Frantz@hhs.ny.gov 20220610 11:25:05 PDT

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW