

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/31/2022

Need Date: 06/02/2022

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Yvette Wencke
Phone: 6919
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.05.31 08:25:32 -07'00'
Kimberly McAdams
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: 07/01/2022 - 06/30/2023 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 06/06/2022 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2022.06.06 16:54:15 -07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW