| Ac | ıreeı | ment | # N/A |
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| Legistar # TBD by CAO |
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AGREEMENT CONTRACT ROUTING SHEET

| Date Prepared: | 08/23/2022 | | Need Date: 08/30/2022 | | |
|-------------------------------|---|--|-----------------------|--|---|
| PROCESSING D | EPARTMENT | : | CONTRACT | ΓOR: | |
| Department: | HHSA Consie Mote x7118 | | Name: Address: | FY 2022-2023 IHSS PA Budget Resolution | |
| Dept. Contact: | | | | | |
| Phone: | | | | | |
| Department Head Signature: | Kimberly McAdams, Agency Chief Fiscal Officer | Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer Date: 2022.08.26 12:52:01-07'00' | Phone: | | |
| Ü | Kimberly McAdams | | Org Code: | 5210 | |
| | Agency Chief Fiscal Officer | | Project # | | |
| | | | (if applicable): | | |
| | | | Eunding Sou | Iroo: | |
| CONTRACTING | DEDARTMEN | T: HHSA - IHSS Publ | Funding Sou | e. | |
| Service Requeste | | | , | | |
| Description: FY 2 | | | 22 / igoriau) | | |
| Contract Term: 0 | | | Contract Value | *: \$ 0.00 | |
| _ | | | _ | · · | |
| COUNTY COUN | | | | | Digitally signed by Paula Frantz |
| Approved: | | proved: | Date: 08/29/20 | 22 | By: Paula Frantz Digitally signed by Paula Frantz Date: 2022.08.29 16:37:47 |
| Approved:[| Disap | proved: | Date: | | _ By: |
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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!