

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 01/23/2023

**Need Date:** 03/16/2023

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA- Contracts

Name: California Dept of Social Services/ Employment Development Dept

Dept. Contact: Brian Michaelson

Address: \_\_\_\_\_

Phone: X 6922

Phone: \_\_\_\_\_

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola  
Date: 2023.03.02 14:15:39 -08'00'

Org Code: 5100

Kristen Gurrola  
Program Manager

Project # \_\_\_\_\_

(if applicable): \_\_\_\_\_

Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA- Social Services

Service Requested: Contractor provided Base Wage Data File MOU Agreement template, county must accept all terms and conditions set forth

Description: Base Wage Data File MOU

Contract Term: 7/1/22-6/30/25 Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 03/07/2023 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk  
Date: 2023.03.07 13:31:36 -08'00'

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

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**HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW**

**RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW**