

Agreement # _____

Legistar # 23-0829

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/17/2023

Need Date: 05/08/2023

PROCESSING DEPARTMENT:

Department: HHSA- Contracts
Dept. Contact: Brian Michaelson
Phone: x6922
Department
Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola
Date: 2023.04.21 16:20:47 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: _____
Address: _____
Phone: _____
Org Code: 5100
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

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

Contract Term: 07/01/2023-6/30/2024 Contract Value: \$ 0.00

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

Approved: ☒ Disapproved: ☐ Date: 04/26/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.04.26 13:37:16 -07'00'
Approved: ☐ Disapproved: ☐ Date: _____ By: _____

* Draft sent 4/26/23 approved

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW