

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/19/2023

Need Date: 10/03/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Khrista Ringnes
Phone: x7118
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.09.21 13:20:34 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: CA Dept. of Veteran Affairs
Address: P.O. Box 94295
Sacramento, CA 94295
Phone: _____
Org Code: 4200
Project # _____
(if applicable): _____
Funding Source: Federal and State

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of annual certifications that need to be submitted to the CA Dept. of Veteran Affairs

Description: Review of Medi-Cal Cost Avoidance and County Subvention Certifications

Contract Term: 7/1/2023 - 6/30/2024 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 09/21/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.09.21 16:33:02 -07'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW