Contract #: Index Code: 096-M1811

531112

CONTRACT ROUTING SHEET

Date Prepared:	06-12-2017 67-12-2017	Need Date:	07-26-20	17	
PROCESSING D	EPARTMENT:	CONTRACTO	OR:		
Department:	Health and Human Services		Name: Southwest Gas Corp		
Dept. Contact:	Zhana Mc Cullough		471 Mariposa Road		
Phone #:	Ext. 7154		ctorville, CA 92395		
Department	LXt. 7104	Phone:	MOIVING, OA 32333		
		The state of the s			
riead Signature.	Patricia Charles Hasthers Di				
	Patricia Charles-Heathers, Ph	1.D., Director			
CONTRACTING	DEPARTMENT: Health and	Human Services Age	ncv		
Service Requeste		nancial assistance for pa		bills on	
Contract Term: 1	Jpon final signature - perpetua		ant Value: \$0		
	Human Resources requiremen		Yes No):	
	ed by: Participation Agreeme				
	EL: (Must approve all contrac		- and	1_	
	Disapproved:	Date:	By: PSay	5	
Approved:	Disapproved:	Date:	By:		
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> \	PLEASE FORWARD TO RIS				
RISK MANAGEM	ENT: (All contracts and MOU'	s except boilerplate g	rant funding agreem	ients)	
Approved:	Disapproved:	Date: 7 -31-1	By:		
Approged =	Disapproved:	Date:	By.		
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	No. 10				
	AL: (Specify department(s) pa				
	that involves the development, instal, the acquisition of software or comp				
	se that involve computers and teleco				
	oplies to any other contract that requi			Difficultito	
	formation Technologies (under				
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:		
		- 5000			
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(dan)	La labolia			6/20/17	
CECLREVIEW COL	Date	Deputy Director, Adm	inistration and Contracts	Date	

P6/19/17

Contract #: Index Code:

096-M1811 531112

CONTRACT ROUTING SHEET

2 of 2

Date Prepared:	06-12-2017	Need Date: 06-23-2017			
PROCESSING DEPARTMENT: Department: Health and Human Services		CONTRA	CONTRACTOR:		
		Name: Southwest Gas Corp			
Dept. Contact:	Zhana Mc Cullough	Address:	13471 Mariposa Road		
Phone #:	Ext. 7154		Victorville, CA 92395		
Department		Phone:			
Head Signature:					
	Patricia Charles-Heathers, Ph.D., Director				
CONTRACTING	DEPARTMENT: Health and H	luman Services	Agency		
Service Requeste	ed: Participation Agreement – fina behalf of qualifying County re	ancial assistance f sidents.	or payment of natural gas bills on		
Contract Term: _	Upon final signature - perpetual	Contract	/Grant Value: \$0		
Compliance with	Human Resources requirements led by: Participation Agreeme	? N/A X	_ Yes No:		
COUNTY COUN	SEL: (Must approve all contract	s and MOU's)			
Approved:			By:		
Approved:	Disapproved:	Date:	By:		
RISK MANAGEN Approved: Approved:	PLEASE FORWARD TO RISE IENT: (All contracts and MOU's Disapproved: Disapproved:	except boilerpla			
NOTE: Any contract electronic information related, especially the	n, the acquisition of software or comput	ation, implementation fer related items, or a finmunications, must	 storing, retrieving, transfer, or sending of any other service/item that may be IT be approved by IT before submission to 		
прргоческ.	ызарргочец.	_ Date.	Бу		
CFO Review	Date	Deputy Director	Administration and Contracts Date		

Jon Henry Deputy Director

Address: 360 Fair Lane Placerville, CA 95667 Voice (530) 621-5452

MEMORANDUM

Date: June 16, 2017

To: Zhana McCullough, HHSA Contracts

Subject: Contract Review, HHSA Contract #096-M1811 Gas Billing Financial Assistance

Participation Agreement

Information Technologies reviewed the subject contract, and the following items are noted:

Exhibit A

Current IT policy and procedures meet the requirements for web portal access and data security. Personally-owned devices may not meet these requirements, so HHSA should ensure access to the web portal is via county-owned devices only.