

CONTRACT ROUTING SHEET

Date Prepared: 05/08/2018

Need Date: Please RUSH
05/15/18

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Darci Prall *DP*
Phone #: X 7373
Department
Head Signature: *Patricia Charles-Heathers*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

Patricia Charles-Heathers, Ph.D., MPA, Director

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Update and replace prior Resolution 287-88 (M.O.R.E. pass through funding)
Contract Term: _____ Contract/Grant Value: _____
Compliance with Human Resources requirements? N/A X Yes _____ No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 5/15/18 By: *Patricia*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 MAY - 9 AM 9:55

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 5/16/18 By: *DP*
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact Darci Prall, x 7373, with questions or for contract packet pick-up. Thank you!

Chief Fiscal Officer

See Attached

Date

Deputy Director, Administration and Contracts

Date

A/P or A/R Mgr Approval: _____ / _____
Initials/Date

Contracts ASO Approval: _____ / _____
Initials/Date

Contract #: New Resolution
(Replace 287-88)
Department Code: _____

HHSA - INTERNAL CONTRACT ROUTING SHEET

Date Prepared: 04/02/2018

Need Date: 04/18/2018

Health and Human Services Agency

Dept. Analyst: Darci Prall *DP*

Extension: Ext. 7373

Director's

Signature: _____

Patricia Charles-Heathers,
Ph.D., MPA, Director

Contractor

Name: _____

Address: _____

Phone: _____

Service Requested: Update and replace Reso 287-88 (M.O.R.E. funding)

Contract Term: _____ Contract/Grant Value: \$ _____

Yvonne Kollings 4/27/18
Chief Fiscal Officer Date

[Signature] 4/16/18
Deputy Director, Administration and Contracts Date

[Signature] 4/12/18
A/P or A/R Manager Date

[Signature] 4/4/18
Contracts ASO Date