

RUSH!

Agreement # Resolution

CONTRACT ROUTING SHEET

Date Prepared: 3/12/20

Need Date: 3/18/20

PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Lisa Konyecsni

Phone: 6901

Department Signature: _____

Kateyn Duffelback
for Yvonne Kelley

Auditor/Controller Notified

N/A under \$100,000

CONTRACTOR:

Name: N/A

Address: _____

Phone: _____

Org Code: 5420

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Resolution – Delegating Authority to Director to Execute MAA

Contract Term: N/A Contract Value: N/A

- Contract Type: Expenditure Agreement or Amendment
 Non-Financial Agreement or Amendment
 Revenue Agreement or Amendment

EDC COUNTY COUNSEL
2020 MAR 16 AM 7:30

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

Approved: X Disapproved: _____ Date: 3/18/2020 By: [Signature]

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

HR APPROVAL: N/A

Approval will occur in FENIX → Please return to HHSA

Approval will occur outside FENIX → Please route to Human Resources

Compliance with Human Resources requirements? Yes _____ No: _____

Compliance verified by: _____

RISK MANAGEMENT: N/A

Approval will occur in FENIX → Please return to HHSA

Approval will occur outside FENIX → Please route to Risk Management

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

OTHER APPROVAL: N/A {or insert Dept here}

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

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

PLEASE EMAIL HHSA_CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!

RUSH!

Contract #: 20-10005

Org Code: 5410

5240 (K2)

CONTRACT ROUTING SHEET

Date Prepared: 2/10/20

Need Date: 2/24/20

PROCESSING DEPARTMENT:

Department: Health and Human Services

Agency: _____

Dept. Contact: Kathryn Deffebach

Phone #: Ext. 7147

Department: _____

Head Signature: 

Donald Semon, Director

CONTRACTOR:

Name: CA Dept. Health Care Svcs

(DHCS)

Address: 100 G St, 4th Floor, MS 4200

PO Box 997413

Phone: Sacramento, CA 95899

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Revenue Agreement with State for MMA Activities

Contract Term: 7/1/20 - 6/30/23 Contract/Grant Value: \$2,250,000

Compliance with Human Resources requirements? N/A Yes No:

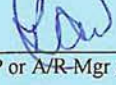

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)Approved: Disapproved: Date: 3/5/2020 By: Approved: Disapproved: Date: _____ By: _____*See attached comments. Comments reviewed, but no changes State document. 3/10/20 JIC*EDC COUNTY COUNSEL
2020 FEB 21 AM 11:40**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!****RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: Disapproved: Date: *Pending* By: 3/6/2020Approved: 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: _____

CFO Review  Date: 2/10/20 Deputy Director, Administration and Contracts N/A Date: _____A/P or A/R-Mgr Approval:  Date: 2/11/20 Contracts ASO Approval:  Date: 2/13/20**Please contact hhsa-contracts@edcgov.us for contract pickup.**