

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/06/2020

Need Date: 04/17/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services
Dept. Contact: Zhana Mc Cullough
Phone: 7154
Department
Head Signature: _____
Yvonne Kollings, CFO

CONTRACTOR:

Name: Health and Human Services Agency
Address: _____
Phone: _____
Org Code: 5000
Project # _____
(if applicable): _____
Funding Source: Various State and Federal Agencies

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of resolution

Description: Resolution delegates signature authority to the HHSA Director to sign certain revenue agreements on behalf of the County BOS.

Contract Term: 07/01/2020 - 06/30/2021 Contract Value: \$ 0.00
unchanged

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

Approved: Disapproved: Date: 04/07/2020 By: _____
Approved: Disapproved: Date: _____ By: _____

Approved by Paula F. Frantz, Sr. Deputy County Counsel

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!