

TB Counsel:

# CONTRACT ROUTING SHEET

3/6/2020

Date Prepared: 3/5/20

Need Date: 3/13/20

### PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Consie Mote

Phone: X 7118

Department Signature: *Yvonne Hollings*

### CONTRACTOR:

Name: EDCOE

Address: 6767 Green Valley Road

Placerville, CA 95667

Phone: 530-622-7130

Org Code: 5130

Auditor/Controller Notified       N/A under \$100,000

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Child Abuse Prevention Council Activities

Contract Term: 3 yrs, 7/1/20-6/30/2023      Contract Value: \$430,000

Contract Type:  **Expenditure Agreement** or Amendment

Non-Financial Agreement or Amendment

Revenue Agreement or Amendment

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

Approved: X      Disapproved: \_\_\_\_\_      Date: 3/11/2020      By: *PO Daly*

Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_      Date: \_\_\_\_\_      By: \_\_\_\_\_

### HR APPROVAL:

Approval will occur in FENIX → Please return to HHSA      **EDC COUNTY COUNSEL 2020 MAR 6 AM 10:40**

Approval will occur outside FENIX → Please route to Human Resources

Compliance with Human Resources requirements?      Yes \_\_\_\_\_      No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

### RISK MANAGEMENT:

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!**