

# NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/02/2019

Need Date: 10/16/2019

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: Health & Human Svcs  
Dept. Contact: Darci Prall *DP*  
Phone: 642-7373  
Department Head Signature: *[Signature]*  
Donald Semon, Director

California Department of Social Services (COSS)  
Employment Development Department (EDD)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: \_\_\_\_\_

Auditor/Controller Notified     N/A – Under \$100k

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: COSS/EDD provided Base Wage Data File MOU Agreement template  
\*\*Per COSS instruction, El Dorado County must accept all terms and conditions set forth in the entire Agreement.\*\*

Contract Term: \_\_\_\_\_ Contract Value: \$0.00

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

Approved: *[Signature]* Disapproved: *[Signature]* Date: 10/7/19 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*NOTE: Need to modify Exh A for EDC  
Need to fill out Exh E*

**RECEIVED**  
*COSS*  
**OCT 04 2019**  
BY: *[Signature]*

**RISK MANAGEMENT:**

Approved: *[Signature]* Disapproved: \_\_\_\_\_ Date: 10/14/19 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
*Approved as is in dept of HHSA*

**CENTRAL IT:**

Approved: *[Signature]* Disapproved: \_\_\_\_\_ Date: 10/4/19 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!**