

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/24/2020

Need Date: 05/08/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Zhana Mc Cullough
Phone: Ext. 7154
Department Head Signature: Yvonne Kollings, CFO
Digitally signed by Yvonne Kollings, CFO
DN: cn=Yvonne Kollings, CFO, o=EI
Dorado County, ou=HHSA,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.04.24 09:22:17 -0700'
Yvonne Kollings, CFO

CONTRACTOR:

Name: Health and Human Services Agency
Address: _____
Phone: _____
Org Code: 5320
Project # _____
(if applicable): _____
Funding Source: State and Federal

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of resolution

Description: Resolution delegates authority to the HHSA MH Director to accept and sign MHBG and PATH allocations on behalf of the County.

Contract Term: Upon signature - 06/30/2021 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 05/04/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.05.04 17:10:24
-0700'

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!