

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/12/2020

Need Date: 05/26/2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HSA

Name: Maximus Human Services

Dept. Contact: Lisa Konyecsni

Address: 1891 Metro Center Dr.

Phone: Ext. 6901

Reston, VA 20190

Department: Yvonne Kollings,

Phone: _____

Head Signature: CFO

Digitally signed by Yvonne Kollings, CFO
DN: cn=Yvonne Kollings, CFO, o=EI
Dorado County, ou=HSA,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.05.12 11:48:34 -0700

Org Code: 5130

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HSA - Social Services Division

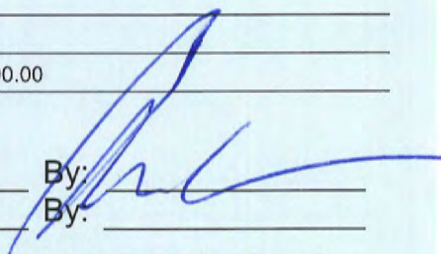
Service Requested: Review of new agreement

Description: Social Security Advocacy

Contract Term: Upon execution for 3 years

Contract Value: \$ 250,000.00

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

Approved: Disapproved: Date: 5/13/20 By: 

Approved: Disapproved: Date: _____ By: _____

Correct page numbers - Every page is identified as "24 of 24"

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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