

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 06/25/2020

Need Date: 07/10/2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: County of Santa Cruz

Dept. Contact: Zhana Mc Cullough

Address: 1800 Green Hills Road, #240

Phone: Ext. 7154

Scotts Valley, CA 95060

Department Head Signature: Digitally signed by Yvonne Kollings, CFO
DN: cn=Yvonne Kollings, CFO, o=El Dorado County, ou=HHSA,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.06.24 15:49:58 -0700

Phone: _____

Yvonne Kollings, CFO

Org Code: 5240

Project # _____

(if applicable): _____

Funding Source: Federal - Medi-Cal Administrative Activities

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Agreement from the County of Santa Cruz

Description: Participation agreement for Santa Cruz to act as the Host Entity for Medi-Cal Administrative Activities

Contract Term: 07/01/2019 - 06/30/2021 Contract Value: \$ 30,000.00

Estimated

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

Approved: Disapproved: Date: 06/26/2020 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2020.06.26 14:09:55 -0700

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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