

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/04/2020

Need Date: 08/06/2020

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA

Name: Maxim Healthcare

Dept. Contact: Lisa Konyecsni

Address: 7227 Lee DeForrst Dr.

Phone: 295-6901

Columbia , MD 21046

Department Head Signature: Yvonne Kollings  
Digitally signed by Yvonne Kollings  
DN: cn=Yvonne Kollings, o, ou,  
email=yvonne.kollings@edcgov.us, c=US  
Date: 2020.08.04 10:16:12 -0700

Phone: \_\_\_\_\_

Org Code: 5430

Project # \_\_\_\_\_

(if applicable): \_\_\_\_\_

Funding Source: CARES/FEMA

**CONTRACTING DEPARTMENT:** HHSA - Public Health

Service Requested: Urgent review please

Description: Staffing for COVID-19 and other infectious disease screening, testing, triage, investigations, and contract tracing

Contract Term: Upon execution - ~~08/31/2023~~ for 1 year Contract Value: ~~\$ 400,000.00~~ \$600,000

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

Approved:  Disapproved:  Date: 08/17/2020 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2020.08.17 17:13:35 -0700

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

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE ~~EMAIL~~ FOR PICK-UP [hlsa-contracts@edcgov.us](mailto:hlsa-contracts@edcgov.us) Thank you!**