AGREEMENT CONTRACT ROUTING SHEET

| Date Prepared: | 08/11/2020 | Need Date: | 08/28/2020 |
|--|---|-------------------------------|--|
| PROCESSING D | EPARTMENT: | CONTRACT | TOR: |
| Department: Dept. Contact: Phone: Department Head Signature: | Health and Human Services Agency | Name: | Health and Human Services Agency |
| | Zhana Mc Cullough | Address: | Resolution for the 2020-2025 Agency Plan and |
| | Ext. 7154 | | updated Administrative Plan |
| | Yvonne Kollings Digitally signed by Yvonne Kollings DN: cn=Yvonne Kollings, o, ou, email-eyvone kollings, o, ou, email-eyvone kollings, eledgop cus, c=US Date: 2020.08.11 13:33:33 -0700' | Phone: | |
| | Yvonne Kollings, CFO | Org Code: Project # | 5280 |
| | | (if applicable | e): |
| CONTRACTING Service Requeste | DEPARTMENT: Health and Huma | Funding Sound Services Agency | urce: 93% Federal, 2.5% General Fund, 4.5% other |
| • | -2025 Agency Plan and updated Administrati | ve Plan | |
| · — | year plan: 01/01/2020 - 12/31/2025 | Contract Value | 9: \$ 0.00 |
| _ | SEL: (Must approve all contraction of the contract | | Dialtolla sinoned ha Baula Ernate |
| | | | |

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW