

CONTRACT ~~AMENDMENT~~ ROUTING SHEET

Date Prepared: 10/19/2020

Need Date: 10/26/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 6901
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o, ou,
email=yvonne.kollings@edc.gov.us, c=US
Date: 2020.10.16 19:16:51 -0700
Yvonne Kollings, CFO

CONTRACTOR:

Name: Heluna Health
Address: 13300 Crossroads Pkwy North, Ste 450
City of Industry, CA 91746
Phone: _____
Org Code: _____
Project String
(if applicable): Revenue

CONTRACTING DEPARTMENT: Health and Human Services Agency - Public Health

Service Requested: Legal review

Description: Heluna Health Grant for Public Health Services related to COVID-19

Contract Term: Upon execution - 3/31/21 Contract Value: \$233,058

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

Approved: Disapproved: Date: 10/20/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.10.20 16:25:07 -0700
Approved: Disapproved: Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

~~HR APPROVAL:~~ N/A

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 10/21/2020 By: Robert R. Schroeder
Digitally signed by Robert R. Schroeder
Date: 2020.10.21 09:20:27 -0700
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edc.gov.us Thank you!