

Agreement # 21-10027 - Amendment # _____ Legistar # 21-1360

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 08/11/2021

Need Date: 08/27/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: Ext. 7118
Department: Nita Wracker
Head Signature: MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.08.11 16:10:30
-07'00'
Nita Wracker, Agency Chief Fiscal Officer

CONTRACTOR:

Name: Ca Dept of Health Care Services
Address: 1500 Capitol Ave, MS 2624
Sacramento CA 95814
Phone: 916-713-8557
Org Code: _____
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Funding for DMC-ODS Services

Description: Revenue Agreement

Contract Term: 07/01/2021- 06/30/2024 Contract Value: 38,574,276.00

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

Approved: Disapproved: Date: 09/01/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.09.01 13:43:57 -07'00'

HR APPROVAL:

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

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

Departments: Information Technology
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

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Approved: Disapproved: Date: _____ By: _____

HR APPROVAL:

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: 08/26/2021 By: Michael Andersen
Approved: Disapproved: Date: _____ By: _____

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

Departments: Information Technology
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

