Agreement # 5870 - Amendment # ____ Legistar # 21-1321

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 07/07/2021

Need Date: 07/23/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: Ext. 7118
Department Head Signature: Nita Wracker MBA CPA — Digitally signed by Nita Wracker MBA CPA Date: 2021.07.07 13:23:21 -07'00'

Nita Wracker, Agency Chief Fiscal Officer

CONTRACTOR:

Name: Ca Dept of Social Services (CDSS)
Address: 744 P Street, M.S. 9-6-747
Sacramento CA 95814
Phone: 916-651-5314

Org Code: ____
Project String (if applicable): ____

CONTRACTING DEPARTMENT: Health and Human Services Agency
Service Requested: Review of MOU with State Agency, CDSS
Description: Non-financial Standard Agreement (#21-5012)f or legal services concerning Resource Family Approval
Contract Term: 07/01/2021- 06/30/2024 Contract Value: 0

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

Approved: ✓ Disapproved: ☐ Date: 08/04/2021 By: Paula Frantz — Digitally signed by Paula Frantz Date: 2021.08.04 15:43:29 -07'00'
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: 08/09/2021 By: Michael Andersen — Digitally signed by Michael Andersen Date: 2021.08.09 10:13:23 -07'00'
Approved: ☐ Disapproved: ☐ Date: ____ By: ____

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

Departments: Information Technology
Approved: ✓ Disapproved: ☐ Date: 8/10/2021 By: ____
Approved: ☐ Disapproved: ☐ Date: ____ By: ____
Tonya Digiorno - IT Director