

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 03/30/2022

Need Date: 04/15/2022

PROCESSING DEPARTMENT:

Department: HSA
 Dept. Contact: Alisha Bryden
 Phone: 707-688-7629
 Department Head Signature: Kimberly McAdams, Acting CFO
Digitally signed by Kimberly McAdams, Acting CFO
 Date: 2022.03.30 08:55:08 -07'00'
Kimberly McAdams,
Acting Agency Chief Fiscal Officer

CONTRACTOR:

Name: California Department of Public Health, STD Control Branch
 Address: 1616 Capitol Ave., MS 7320 Sacramento, CA 95814
 Phone: (916) 552-9820
 Org Code: 5420
 Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA Public Health

Service Requested: Approve Disease Intervention Specialist (DIS) Workforce Development Grant Funding Agreement #21-10552, associated Terms and Conditions & Contractor Certification Clause

Description: Federal Funding awarded to Public Health for Disease Intervention Specialist Workforce Grant

Contract Term: July 1, 2021 - December 31, 2024 **Contract Value:** \$601,680

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

Approved: Disapproved: Date: 04/11/2022 By: Paula Frantz
Digitally signed by Paula Frantz
 Date: 2022.04.11 14:19:25 -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: 04/15/2022 By: Michael Andersen
Digitally signed by Michael Andersen
 Date: 2022.04.15 16:46:28 -07'00'
 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: _____