

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 04/25/2023

Need Date: 05/10/2023

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: ext. 6901
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.04.26 14:28:00 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Ca Dept. of Public Health
Address: PO Box 997377
Sacramento, CA 95899
Phone: _____
Org Code: 5400000
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Public Health

Service Requested: Legal Review of no-cost extension

Description: Workforce Development Supplemental Funding - IZ Champs - no cost extension

Contract Term: 7/1/22-6/30/23 (new 6/30/24) Contract Value: \$129,881

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

Approved: Disapproved: Date: 05/01/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.05.01 07:23:06 -07'00'
Approved: Disapproved: Date: _____ By: _____

* with comment noted 5/1/23

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: 05/02/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.05.02 16:13:25 -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: _____