

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 08/25/2021

Need Date: 09/01/2021

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Alisha Johnson
Phone: (530) 642-7317
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.08.25 11:53:07
-07'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Cal OES
Address: 3650 Schriever Ave
Mather, CA 95655
Phone: 916-845-8878
Org Code: HHSA Dept 50
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Re-Review of Revised Certification of Assurance of Compliance for County Victim Services Grant Program

Description: Cal OES issued a Revised Certification of Assurance of Compliance (Certification) as a part of the grant application. The initial Cert was approved by Paula on 8/3/21 - only 1 text change was made on new version.

Contract Term: January 1, 2022 - December 21, 2022 Contract Value: \$159,275

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

Approved: Disapproved: Date: 08/31/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.08.31 13:19:35 -07'00'
Approved: Disapproved: Date: _____ By: _____

Counsel, Paula Frantz, Approved initial Certification on 8/3/21 Revised Certification was changed by Cal OES on Section VII On Page 2 of 15, per the below:
Text Replaced on Section VII On Page 2 of 15: (Prior Approved): "Subrecipient and the Official Designee" - Current Version for Re-Approval States: "Subrecipient"
The only other changes made to the new Certification version was to the headers (Page numbers) and the footers (revision number).

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: _____

HR/ Risk Approval Not Needed.

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

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