

# REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 07/13/2021

Need Date: 07/23/2021

**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: 2021.07.14 09:45:25  
-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: Review of Certification of Assurance of Compliance and Grant Face Sheet for County Victim Services Grant Program

Description: A new grant cycle for County Victim Services Program funds requires a new Certification of Assurance of Compliance as a part of application.

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

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

Approved:  Disapproved:  Date: 08/03/2021 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2021.08.03 12:14:00 -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: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

HR and RISK MGMT APPROVAL NOT REQUIRED - This is purely grant documentation and Hr and RISK approval on a resulting Funding Agreement will be sought.

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

Departments:  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_