

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 07/11/2022

Need Date: 07/26/2022

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.07.12 13:26:51 -07'00'
Kimberly McAdams
Agency Chief Fiscal Officer

CONTRACTOR:

Name: CDPH Center for Infectious Disease
Address: PO Box 997377
Sacramento, CA 95899
Phone: _____
Org Code: 5400000
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA - Public Health

Service Requested: Review of Workforce Development Grant/Allocation

Description: Grant/Allocation for the Immunization Champs Program

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

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

Approved: Disapproved: Date: 07/26/2022 By: Janeth SanPedro
Digitally signed by Janeth SanPedro
Date: 2022.07.26 09:02:59 -07'00'
Approved: Disapproved: Date: _____ By: _____

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: 07/26/2022 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2022.07.26 12:19:27 -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: _____