

Contract #: CF-1920-29  
Org Code: 5200

# CONTRACT ROUTING SHEET

To Counsel:

Date Prepared: 7/2/19

Need Date: 7/12/19

## PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency  
Dept. Contact: Lisa Konyecsni  
Phone #: Ext. 6901  
Department  
Head Signature:   
Don Semon, Director


## CONTRACTOR:

Name: CA Dept. of Aging  
Address: 1300 National Drive, Suite 200  
Sacramento, CA 95834-1992  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health and Human Services Agency


Service Requested: CalFRESH Funding Agreement  
Contract Term: 07/01/2019 – 06/30/2020 Contract/Grant Value: \$32,606  
Compliance with Human Resources requirements? N/A X Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: N/A – revenue

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

Approved: X Disapproved: \_\_\_\_\_ Date: 7/10/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!


## RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)


Approved: X Disapproved: \_\_\_\_\_ Date: 7/11/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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


NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

 / 7/3/19  
CFO Review Date

 / 7/8/19  
Deputy Director, Administration and Contracts Date

A/P or A/R Mgr Approval: \_\_\_\_\_ Date \_\_\_\_\_

 / 7/2/19  
Contracts ASO Approval: \_\_\_\_\_ Date \_\_\_\_\_

Please contact [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) for contract pickup.