

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 10/20/2021

Need Date: 11/03/2021

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Alisha Johnson
Phone: 707-688-7629
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.10.20 16:29:33
-07'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: State of CA - Department of Social Services (CDSS)
Address: 744 P Street , Sacramento, CA 95814
Phone: 916-651-8017
Org Code: SS 51
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: County Counsel Review of Directors Certification

Description: Home Safe Program Grant Form, "Director's Certification" has Terms and Conditions for County Counsel Review

Contract Term: Grant Term: term upon execution through June 30, 2024, Contract Value: grant award = \$394,567

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

Approved: Disapproved: Date: 11/08/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.11.08 16:39:59 -08'00'
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/Risk Approval Need Needed as this is a grant application form.

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

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