

RESOLUTION ROUTING SHEET

Date Prepared: ~~08/20/2019~~ 08/29/19

Need Date: 09/13/19
Need for 10/225/19 BOS Agenda

PROCESSING DEPARTMENT:

Department: Health & Human Svcs
Dept. Contact: Darci Prall
Phone: 642-7373
Department Head Signature: [Signature]
Donald Semon, Director

CONTRACTOR:

Name: CA Dept. of Public Housing Authority
Address: _____
Phone: _____
Org Code: 5280

Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Resolution for amendment of PHA 2019 Administrative Plan. Amendment is needed to accommodate, receive and implement the Mainstream Voucher Program.

Contract Term: 07/01/2019 – 06/30/2020 Contract Value: \$0

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

Approved: X Disapproved: _____ Date: 8/29 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____
See comments ✓ added edits - DP

HR APPROVAL: N/A

RISK MANAGEMENT: N/A



PLEASE EMAIL HNSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!

8/29/19