

Agreement # N/A

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHS

Name: FY 2021-2022 IHSS PA Budget Resolution

Dept. Contact: Consie Mote

Address: _____

Phone: x7118

Phone: _____

Department Nita Wracker

Org Code: 5210

Head Signature: MBA CPA

Project # _____

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.07.20 12:59:19 -07'00'
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHS - IHSS Public Authority

Service Requested: Annual Budget Resolution

Description: FY 2021-2022 IHSS PA Budget Resolution

Contract Term: 07/01/2021 - 06/30/2022

Contract Value: \$ 0.00

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

Approved:

Disapproved:

Date: 07/21/2021

By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.07.21 17:08:42
-07'00'

Approved:

Disapproved:

Date: _____

By: _____

~~HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW~~

~~RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW~~

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!