

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/01/2024

Need Date: 11/04/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: Mercy Housing

Dept. Contact: Lisa Konyecsni

Address: 2512 River Plaza Dr. Suite 200

Phone: 6901

Sacramento, CA 95833

Department Head Signature: Kristen M. Gurrola

Phone: _____

Digitally signed by Kristen M. Gurrola
Date: 2024.11.01 16:06:45 -07'00'

Kristen Gurrola
Program Manager

Org Code: 5210155

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA - Community Services

Service Requested: Legal Review

Description: Agreement to Enter into Housing Assistance Payment Contract (AHAP) for VASH Project Based Vouchers

Contract Term: 11/11/24-05/30/27 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 11/05/2024 By: Nicole Wright

Digitally signed by Nicole Wright
Date: 2024.11.05 10:55:12 -08'00'

Approved: Disapproved: Date: _____ By: _____

RUSH Review Request
with comment noted in email.

Risk approval via email on 11/5/24 on file

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!