

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 12/23/2020

**Need Date:** 01/06/2021

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: Health and Human Services Agency

Name: CA Office of Emergency Services

Dept. Contact: Zhana Mc Cullough

Address: 3650 Schriever Avenue

Phone: Ext. 7154

Mather, CA 95655

Department Head Signature: Yvonne Kollings Digitally signed by Yvonne Kollings  
Date: 2020.12.23 10:30:09 -08'00'

Phone: \_\_\_\_\_

Yvonne Kollings, CFO

Org Code: 5130

Project # \_\_\_\_\_

(if applicable): \_\_\_\_\_

Funding Source: Federal - VOCA Funds

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Review of revised Certification of Assurance of Compliance - County Victim Services Grant Program

Description: Office of Emergency Services revised the form after the form had been reviewed and approved by Counsel

Contract Term: 01/01/2021 - 12/31/2021 Contract Value: \$ 168,946.00

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

Approved:  Disapproved:  Date: 12/29/2020 By: Paula Frantz Digitally signed by Paula Frantz  
Date: 2020.12.29 10:27:08 -08'00'

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

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

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