

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 03/30/2023

Need Date: 04/13/2023

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.03.31 12:06:48 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: CA Dept. of Public Health
Address: PO Box 997377
Sacramento, CA 95899
Phone: _____
Org Code: 5400000
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Public Health

Service Requested: Legal review
Description: CDPH Allocation Notice and Letter
Contract Term: 12/01/22 - 11/30/27 Contract Value: \$629,130

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

Approved: Disapproved: Date: 04/06/2023 By: Daniel Vandekoolwyk
Digitally signed by Daniel Vandekoolwyk
Date: 2023.04.06 15:02:50 -07'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: N/A

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: _____

N/A

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

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