

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 09/26/2022

Need Date: 10/07/2022

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: (530) 295-6901
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.09.27 16:28:28 -07'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: CA Dept. of Social Services
Address: 744 P St.
Sacramento, CA 95814
Phone: _____
Org Code: 5180820
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Self Sufficiency

Service Requested: Review of Director's Certification for the Housing and Disability Advocacy Program FY 22-23

Description: Housing and Disability Advocacy Program Allocation FY 22-23

Contract Term: Grant agreement- Upon execution - 6/30/25 Contract Value: Grant Award - \$625,238

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

Approved: Disapproved: Date: 10/06/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.10.06 16:39:24 -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: _____