

Contract #: N/A  
Index Code: ~~404112~~ 418720

# CONTRACT ROUTING SHEET

Date Prepared: 5/19/14

Need Date: Please rush

### PROCESSING DEPARTMENT:

Department: HHS  
Dept. Contact: Sharon Keoppel  
Phone #: 4811  
Department  
Head Signature: *[Signature]*  
Don Ashton, Director

### CONTRACTOR:

Name: CA Dept. of Health Care Services  
Address:  
Phone:

### CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Grant Application- Projects for Assistance in Transition From Homelessness (PATH) Revised \$35,072  
Contract Term: FY 2014-15 Contract/Grant Value: \$34,834  
Compliance with Human Resources requirements? N/A x Yes No:  
Compliance verified by:

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

Approved: X Disapproved: Date: 5/29/14 By: *[Signature]*  
Approved: Disapproved: Date: By:

14 JUN - 2 AM 8:49

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

### RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 6/2/14 By: *[Signature]*  
Approved: Disapproved: Date: By:

Nothing for Risk to Approve

20 MAY 29 AM 10:33

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

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

2 AM 8:48

*[Signature]* 5/20/14  
PM Review/Date

*[Signature]* 5/21/14  
Contracts Supe Review/Date

*[Signature]* 5/27/14  
CFO Review/Date

*[Signature]* 5/29/14  
Asst. Director of Admin & Finance Review/Date