

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 10:28:18 -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 - Elder Abuse 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: \$ 206,000.00

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 14:23:54 -08'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW