

Contract #: Resolution
Index Code: 5210

To Council

CONTRACT ROUTING SHEET

Date Prepared: 06/03/19

Need Date: 06/14/2019 6/26/19
BDS - must upload by 6/27

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Consie Mote
Phone #: X 7118
Department Head Signature: [Signature]
Don Semon, Director

CONTRACTOR:

Name: HHSA
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Resolution to authorize application and execution of No Place Like Home Allocation, per NOFA

Contract Term: Through 6/30/2023 Contract/Grant Value: \$ 500,000.00

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: 6/18/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2019 JUN 19 PM 12:44

~~PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!~~

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

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

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____

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

Please contact Consie Mote, 7118 with questions or for contract packet pick-up. Thank you!

[Signature] 6/7/19
Chief Fiscal Officer Date

[Signature] 6/11/19
Deputy Director, Administration and Contracts Date

A/P or A/R Mgr Approval: [Signature] 6/6/19
Initials/Date

Contracts ASO Approval: [Signature] 6/6/19
Initials/Date