


Contract #: TBD
Org Code: _____

CONTRACT ROUTING SHEET

Date Prepared: September 20, 2019

Need Date: RUSH – September 27, 2019

PROCESSING DEPARTMENT:

Department: Health and Human Svcs Agency
Dept. Contact: Jason Stalder
Phone #: Ext 7331
Department Head Signature: 
Don Semon, Director

CONTRACTOR:

Name: Cal OES
Address: 3650 Schriever Ave
Mather, CA 95655
Phone: _____

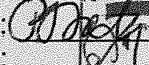
CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Certificate of Assurance of Compliance for County Victim Services Grant Program Application

Contract Term: January 1, 2020 – December 31, 2020 Contract/Grant Value: \$159,069

Compliance with Human Resources requirements? N/A Yes No
Compliance verified by: N/A

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

Approved: Disapproved: _____ Date: 9/26/19 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
SEP 23 2019
BY: Stephanie Thomas

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: _____ Date: 9/27/19 By: LC
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: _____

CFO Review _____ Date _____

Deputy Director, Administration and Contracts _____ Date _____