

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 09/05/2023

Need Date: 09/08/2023

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Lisa Konyecsni
Phone: 530-295-6901
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.09.05 14:47:31 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Cal OES
Address: 3650 Schriever Ave
Mather, CA 95655
Phone: 916-845-8878
Org Code: 5130310
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHS - Social Services

Service Requested: Review of Certification of Assurance of Compliance and Grant Face Sheet for County Victim Services Grant Program

Description: County Victim Services XC23 program - Grantee requires Certification of Assurance of Compliance, Face Sheet, and Federal Fund Grant Subaward Assurances forms as a part of application.

Contract Term: January 1, 2024 - December 31, 2024 Contract Value: \$201,278

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

Approved: Disapproved: Date: 09/06/2023 By: Jefferson Billingsley
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Jefferson Billingsley
Date: 2023.09.06 09:20:24 -07'00'

* See comment of 9/6/23

**County has been applying for this grant since 2016 and these forms are re-issued and reviewed by Counsel annually with the annual grant application process
3 forms attached for CoCo Review + Subrecipient Handbook that Director will be required to to comply with

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: _____