

Agreement # _____ - Amendment # _____ Legistar # 22-0608

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 03/24/2022

Need Date: 03/29/2022

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Alisha Johnson
Phone: (530) 642-7317
Department Head Signature: Kimberly McAdams, Acting CFO
Digitally signed by Kimberly McAdams, Acting CFO
Date: 2022.03.24 16:55:37 -07'00'
Kimberly McAdams
Acting Agency Chief Fiscal Officer

CONTRACTOR:

Name: California Department of Social Services (CDSS)
Address: 744 P St, Sacramento, CA 95814
Phone: (800) 952-5253
Org Code: 5130
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HHS Child Welfare Services

Service Requested: Review attached Letter of Intent - RUSH Approval

Description: Letter of Intent requires County signature in order to accept Family First Prevention Services (FFPS) Program

Contract Term: upon award TBD through through June 30, 2024 Contract Value: NTE \$850,000

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

Approved: Disapproved: Date: 03/28/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.03.28 16:03:25 -07'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL:

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: _____

HR/ Risk Approval Not Needed.

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

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