

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 06/08/2021

Need Date: 06/16/2021
RUSH TO MEET 7/13 DEADLINE)

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: Ext. 7118
Department Head Signature: Nita Wracker
MBA CPA
Nita Wracker, Agency Chief Fiscal Officer

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.06.08 13:48:42
+07'00'

CONTRACTOR:

Name: CA Business consumer Services and Housing Agency (BCSH)
Address: 915 Capitol Mall, Suite 350-A
Sacramento, CA 95814

Phone: _____

Org Code: 5211

Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Award for El Dorado County

Description: Homeless Housing, Assistance and Prevention Round 2 (HHAP-2) grant- Awarded to EDC.

Contract Term: upon execution- 06/30/2026 Contract Value: 305,824

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

Approved: Disapproved: Date: 06/10/2021 By: Paula Frantz

Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2021.06.10 16:09:09 -07'00'

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: 06/11/2021 By: Michael Andersen

Approved: Disapproved: Date: _____ By: _____

Digitally signed by Michael Andersen
Date: 2021.06.11 08:40:26 -07'00'

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

Departments: Information Technology

Approved: Disapproved: Date: _____ By: _____

Approved: Disapproved: Date: _____ By: _____