

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 10/04/2021

Need Date: 10/14/2021

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Alisha Johnson
Phone: 707-688-7629
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.10.04 13:03:52
-07'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: State of California, Department of Housing and Community Development
Address: 220 W. El Camino Ave, Ste 130
Sacramento, CA 95252
Phone: _____
Org Code: 5130
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Social Services

Service Requested: Review of Standard agreement **added Resolution for review 10/5/21

Description: Revenue agreement with HCD for Housing Navigator Program

Contract Term: upon execution - 06/30/24 Contract Value: 32,000

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

Approved: Disapproved: Date: 10/7/2021 By: Paula Frantz - see below
Approved: Disapproved: Date: _____ By: _____

I have reviewed both the funding agreement and the reso. I have attached the completed CRS for the funding agreement, and the Reso was also approved as submitted on October 7, 2021.

Paula F. Frantz
Senior Deputy County Counsel

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: _____

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

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