

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 09/26/2022

Need Date: 10/07/2022

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: (530) 295-6901
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.09.28 12:38:03 -07'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: CA Dept. of Social Services
Address: 744 P St.
Sacramento, CA 95814
Phone: _____
Org Code: 5180820
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Self Sufficiency

Service Requested: Please advise if Board approval is required. If so, please review Directors Certification for CalWORKS Housing Support Program FY 22-23

Description: CDSS - CalWORKS Housing Support Program Director's Certification Letter

Contract Term: grant term - Upon execution - 6/30/25 Contract Value: grant award \$1,778,292

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

Approved: Disapproved: Date: 10/12/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.10.12 13:29:59 -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: _____

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

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