

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 01/19/2023

Need Date: 02/02/2023

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2023.01.24 16:43:32 -08'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: CA Dept. of Social Services
Address: 744 P St., MS 8-11-524
Sacramento, CA 95814
Phone: _____
Org Code: 5130300
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA - Child Welfare Services

Service Requested: Review of All County Letter 02-93

Description: Emergency Response services funding FY 22/23

Contract Term: Upon execution - 6/30/25 Contract Value: \$226,606

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

Approved: Disapproved: Date: 01/27/2023 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2023.01.27 15:22:35 -08'00'
Approved: Disapproved: Date: _____ By: _____

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: _____