

CONTRACT ROUTING SHEET

Date Prepared: 9/5/13

Need Date: 9/12/13

PROCESSING DEPARTMENT:

Department: CAO - Parks/Econ Dev - HCED

Dept. Contact: C.J. Freeland *CJF*

Phone #: 621-5159

Department: _____

Head Signature: *Kim Ker*

CONTRACTOR:

Name: U.S. Dept of Housing & Urban Dev.

Address: Office of Comm Planning & Dev.

600 Harrison St, 3rd Floor

Phone: San Francisco, CA 94107

CONTRACTING DEPARTMENT: HHSA

Service Requested: Please review grant agreement

Contract Term: 8/1/13 to 7/31/14 Contract Value: \$13,339

Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: N/A - Grant Agreement

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

Approved: Disapproved: _____ Date: 9/11/2013 By: *K. Markham*

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

Expedited review is requested. HUD requires return of the signed agreement within two weeks of receipt. This document was received by the County via e-mail on 9/3/13 and is due to HUD on 9/17/13. Please review grant renewal agreement for continuation of Homeless Management Information System (HMIS) for the El Dorado County Continuum of Care (CoC). The County, as the original 2007 grant recipient, must accept grant prior to transfer of grant to CoC lead agency, The Center for Violence Free Relationships. Board Resolution and Master Report from BOS item #12-1077 indicating approval attached, as well as 2011 extension grant approved and executed by HHSA. HCED, formerly under HHSA and now under CAO, managed the HMIS program under the 2011 expansion grant and is processing this request to expedite review due to HUD deadlines.

9/13/13 ^{AS} Conf - with Kay Ann - Federal funded contracts must include updated certifications and assurances regarding Supervisor Meeting - HHSA contracts division has copies.

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

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

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

EL DORADO COUNTY COUNSEL
13 SEP - 5 AM 8:09

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

Departments: _____

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

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