

CONTRACT ROUTING SHEET

Date Prepared: 09-20-2016 10-06-2016

Need Date: 10-11-2016

PROCESSING DEPARTMENT:

Department: HHSA/CS
Dept. Contact: Zhana Mc Cullough
Phone #: 7154
Department Head Signature: *Patricia Charles-Heathers*
Patricia Charles-Heathers, Ph.D., Director

CONTRACTOR:

Name: CA Dept. of Community Services
Address: 2389 Gateway Oaks Dr., Suite 100
Sacramento, CA 95833
Phone: _____

For 11-15-2016 Agenda

CONTRACTING DEPARTMENT: HHSA/Community Services

Service Requested: Additional funding to support Agency training and technical assistance needs.
Contract Term: 06/15/2016 – 05/31/2017 Contract/Grant Value: \$32,078
Compliance with Human Resources requirements? N/A X Yes _____ No: _____
Compliance verified by: N/A – Incoming Funding

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

Approved: X Disapproved: _____ Date: 10/6/16 By: *Pf Santz*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: X Disapproved: _____ Date: 10/7/16 By: MS/LC
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: EDB/R/RISK
Approved: _____ Disapproved: _____ Date: _____ By: 10 OCT 06 PM 04:55

[Signature] 10/3/16
CFO Review Date

[Signature] 10/17/16
Deputy Director, Administration and Contracts Date

*P 9/23/16
yok 9/29/16*