

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 07/08/2022

Need Date: 07/25/2022

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.07.08 17:27:21 -07'00'
Kimberly McAdams
Agency Chief Fiscal Officer

CONTRACTOR:

Name: California Health Collaborative
Address: 2012 H Street, Suite 202
Sacramento, CA 95811
Phone: _____
Org Code: 5210100
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA - Community Services

Service Requested: Review of revenue agreement

Description: Multipurpose Senior Services Program Revenue Agreement

Contract Term: 9/1/22 - 6/30/24

Contract Value: \$5,000

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

Approved: Disapproved: Date: 07/21/2022 By: Janeth SanPedro
Digitally signed by Janeth SanPedro
Date: 2022.07.21 12:05:57 -07'00'
Approved: Disapproved: Date: _____ By: _____

Approved as to form. - jds

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: 08/09/2022 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2022.08.09 08:43:13 -07'00'
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: _____