

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 06/19/2023

**Need Date:** 06/27/2023

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA

Name: CA Dept. Food and Agriculture

Dept. Contact: \_\_\_\_\_

Address: Senior Farmers' Market Nutrition Program

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola  
Date: 2023.06.20 15:06:48 -07'00'

Org Code: 5210100

Kristen Gurrola  
Program Manager

Project # \_\_\_\_\_

(if applicable): \_\_\_\_\_

Funding Source: CDFA

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review Resolution delegating signature authority and #7793 SFMNP AAA Agreement

Description: Senior Farmers' Market Nutrition Program

Contract Term: 07/01/2023-06/30/2023 Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 06/20/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley  
Date: 2023.06.20 13:37:59 -07'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW