<b>RUSH</b> Approv	al - Due to	CAO 3/4/2022
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Agreement # \_\_\_\_\_ - Amendment # \_\_\_\_\_ Legistar # 22-0435

## **REVENUE, POLICY, ETC. ROUTING SHEET**

Date Prepared:	03/01/2022	Need Date:	03/04/2022
PROCESSING D	EPARTMENT:	CONTRACT	OR:
Department:	HHSA	Name:	CA Department of Social Services
Dept. Contact:	Alisha Bryden	Address:	744 P St, Sacramento, CA 95814
Phone:	707-688-7629	- <u> </u>	
Head Signature: <u>/</u>	Kimberly McAdams, Acting CFO Digitally signed by Kimberly McAdams, Acting CFO   Date: 2022.03.01 10:10:43 -08'00'	Phone:	(916) 651-8848
	Kimberly McAdams,	Org Code:	5130
	Acting Agency Chief Fiscal Officer	Project String (if applicable):	
CONTRACTING	DEPARTMENT: HHSA- CF	PS	
Service Requeste	ed: Approve Director's Certification (for a	cceptance of a funding a	location)
Description:	nging Families Home (BFH) funding provides housing su	pports to families receiving child	welfare services who are experiencing or at risk of homelessness.
Contract Term: J	uly 1, 2021 through June 30, 2024.	Contract Value	279,991
COUNTY COUNS Approved: Approved:	SEL: (must approve all contrac ✓ Disapproved: Disapproved:	ots and MOU's) Date: Date:	By: Paula Frantz Digitaly spined by Paula Frantz
HR APPROVAL: Compliance with Compliance verifi	Human Resources requiremen ed by:	ts? Yes:	No:
		rte & M∩Ll'e evce	pt boilerplate grant funding contracts)
Approved:	Disapproved:		By:
Approved:	Disapproved:	Date:	By:
<b>OTHER APPRO</b> Departments:	/AL: (Specify department(s) page	articipating or dire	ctly affected by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By: