

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 12/13/2021

**Need Date:** 01/03/2022

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA  
Dept. Contact: Lisa Konyecsni  
Phone: 295-6901  
Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.12.14 10:16:01 -08'00'  
MBA CPA  
Nita Wracker, MPA CPA  
Agency Chief Fiscal Officer

Name: On My Own Independent Living  
Address: 6939 Sunrise Blvd, Suite 215  
Citrus Heights, CA 95610  
Phone: \_\_\_\_\_  
Org Code: 5110100  
Project # \_\_\_\_\_  
(if applicable): N/A  
Funding Source: 2001CATANF / 2001CAFOST / 2021CACWSS

**CONTRACTING DEPARTMENT:** HHSA - Social Services

Service Requested: Review of renewal agreement for services for developmentally disabled clients

Description: Empowered Parenting Program, a one-to-one skill building training and parenting program, and Independent Living Services

Contract Term: 6/1/22 - 5/31/25 Contract Value: \$ 120,000.00

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

Approved:  Disapproved:  Date: 12/22/2021 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Paula Frantz  
Date: 2021.12.22 19:42:07  
-11'00'

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

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

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**