

Agreement # N/A

Legistar # \_\_\_\_\_

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/23/2022

Need Date: 08/30/2022

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HSA

Name: FY 2022-2023 PHA Budget Resolution

Dept. Contact: Consie Mote

Address: \_\_\_\_\_

Phone: x7118

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

Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer  
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer  
Date: 2022.08.26 12:34:09 -07'00'

Org Code: 5210

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

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

Kimberly McAdams  
Agency Chief Fiscal Officer

Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - IHSS Public Authority

Service Requested: Annual Budget Resolution (for 9/27/22 BOS Agenda)

Description: FY 2022-2023 PHA Budget Resolution

Contract Term: 07/01/2022 - 06/30/2023

Contract Value: \$ 0.00

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

Approved:

Disapproved:

Date: 08/29/2022

By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2022.08.29 16:41:53 -07'00'

Approved:

Disapproved:

Date: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~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!