

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 09/16/2022

Need Date: 09/22/2022

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.09.16 12:53:36 -07'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: Cal OES
Address: 3650 Schriever Ave
Mather, CA 95655
Phone: _____
Org Code: 5130300
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Social Services

Service Requested: Review of documents for the 22-23 Elder Abuse (XE) Program

Description: Grant documents 2-101, 2-104, 2-109a, and Subrecipient Handbook

Contract Term: 1/1/23 - 12/31/23 Contract Value: \$217,444

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

Approved: Disapproved: Date: 09/20/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.09.20 11:12:27 -07'00'
Approved: Disapproved: Date: _____ By: _____

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: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

N/A

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____