23-0455

Agreement # _____ - Amendment # ____ Legistar #_23-0424

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared:	02/13/2023	Need Date:	02/22/2023
PROCESSING D Department: Dept. Contact: Phone: Department Head Signature:	EPARTMENT: Health and Human Services Agency Consie Mote x7118 Kristen Gurrola Digitally signed by Kristen Gurrola Date: 2023.02.16 16:46:56 -08'00' Kristen Gurrola Program Manager	CONTRACT Name: Address: Phone: Org Code: Project Strin	Cal Health and Human Services Agency (CalHHS) 1215 O St. Sacramento, CA 95814 916-654-3454 or cdii@chhs.ca.gov 5310100 9
Description: Ca Contract Term: 1	ed: Review State Agreement alifornia Health and Human Services Data E	_ Contract Value	ngle Data Sharing Agreement So (non-financial)
Compliance verifi	IENT APPROVAL: (all contrac	ets & MOU's exce	No: pt boilerplate grant funding contracts
Approved: Approved: State agency requirement. OTHER APPROV Departments: Approved: Approved:	Disapproved: Disapproved: No risk provisions /AL: (Specify department(s) path of the pa	Date: 02/22/20 Date: 02/22/20 articipating or dire Date: Date: Date:	Bý: