

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 10/10/2024

Need Date: 10/17/2023

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.10.10 15:58:53 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: CA Governor's Office of Emergency Svcs
Address: 3650 Schriever Ave
Mather, CA 95655
Phone: 916-845-8107
Org Code: 5130300
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Social Services

Service Requested: Legal review

Description: 2023 Elder Abuse Program Fed Fund Subaward Assurance, Grant Subaward Face Sheet; Subaward Certification of Assurance of Compliance

Contract Term: 1/1/24 - 12/31/24 Contract Value: \$217,444

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

Approved: Disapproved: Date: 10/11/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.10.11 07:40:54 -07'00'
Approved: Disapproved: Date: _____ By: _____



RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

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

NA

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

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

