Agreement a	# <u>N/A</u>
Legistar # 23-	1756

## AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	09/12/2023		Need Date:	09/29/2023	
PROCESSING DEPARTMENT:			CONTRACTOR:		
Department: Dept. Contact: Phone: Department Head Signature:	CAO Fiscal for District Attorney		Name: Address:	California Department of Insurance	
	Justene Cline			2400 Del Paso Road, Suite 250	
	916-271-8026			Sacramento, CA 95834	
	Kerri Williams- Horn	Digitally signed by Kerri Williams- Horn Date: 2023.09.12 15:22:04 -07'00'	Phone:		
	Kerri Williams-Horn Chief Fiscal Officer		Org Code:	2200000	
			Project #		
			(if applicable): 22WC		
		_	Funding Sou	urce: CA Sta	te Dept. of Insurance
CONTRACTING					
•	ed: Review FY 23/	24 Workers' Compensation	Fraud Grant Applicatio	n, Award Letter,	and Resolution.
Description:			0		
Contract Term: 0	07/01/23-06/30/24		Contract Value	\$ 506,895.	00
COUNTY COUN	SEL: (Must ap	prove all contracts	and MOU's)		
Approved:		proved:	Date: 09/22/20	23	By: Roger A. Runkle Digitally signed by Roger A. Runkle Date: 2023.09.22 13.48:38-07:00
Approved:	 Disap	proved:	Date:		By:
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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: justene.cline@edcgov.us

Thank you!