

CONTRACT ROUTING SHEET

Date Prepared: 11/27/13

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health & Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department _____

Head Signature: [Signature]

Don Ashton, M.P.A.,
Interim Director

FUNDING AGENCY:

Name: CA Dept of Community Services & Development

Address: 2389 Gateway Oaks Dr, Ste 100
Sacramento, CA 95833

Phone: 916-576-7109

RECEIVED
DEC 19 2013

CONTRACTING DEPARTMENT: HSA - Community Services

Service Requested: Community Services Block Grant Funding Agreement ~~San Diego County Council~~

Contract Term: 1/1/14-12/31/14 Contract/Grant Value: \$81,085

Compliance with Human Resources requirements? N/A Yes No: _____

Compliance verified by: Mike Strella -11/26/13

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

Approved: Disapproved: _____ Date: 12/20/13 By: [Signature]

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

- Need to put new chair's name/sign.
- Need to attach the "department letter" (see pg E1 C) b/c R.Nutting is included/charged.

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: 12/27/13 By: [Signature]

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

City is Vendor - nothing to approve

9 DEC 26 AM 9:15
COMMUNITY SERVICES DEPT.

Please contact Amy Higdon for pick-up. Thank you!

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: IT - See Exhibit D - System Security Requirements/

Approved: Disapproved: _____ Date: 1-17-14 By: [Signature]

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

Please see recommendation in attached memo to prepare a Data Security Protocol document for Community Services. KW

[Signature] 12/3/13
Contracts Supe Review/Date

[Signature] 12/4/13
Program Mgr, Review/Date

[Signature]
Contracts Mgr. Review/Date

[Signature] 12/17/13
CFO Review/Date