

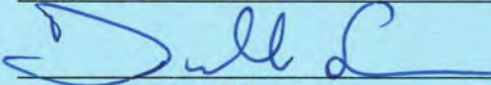
Contract #: PHA 2019 Resolution  
Org Code: 5280

# CONTRACT ROUTING SHEET

Date Prepared: ~~05-07-2019~~ 05-09-2019

Need Date: 05-17-2019  
Need for 06-04-2019 BOS Agenda

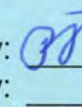
**PROCESSING DEPARTMENT:**

Department: Health and Human Svcs Agency  
Dept. Contact: Zhana Mc Cullough  
Phone #: Ext. 7154  
Department Head Signature:   
Don Semon, Director

**CONTRACTOR:**

Name: CA Dept. of Public Health  
Address: MS 8300, P. O. Box 997420  
Sacramento, CA 95899  
Phone: \_\_\_\_\_  
 Auditor notified: no

**CONTRACTING DEPARTMENT:** Health and Human Services Agency  
Service Requested: Certifications and resolution for Public Housing Authority annual plan update  
Contract Term: 01/01/2019 – 12/31/2019 Contract/Grant Value: \$0  
Compliance with Human Resources requirements? N/A X Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: X Disapproved: \_\_\_\_\_ Date: 5/14/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Reso. State Center. approved as to law

EL DORADO COUNTY COUNSEL  
2019 MAY -9 PM 3:24


PLEASE CONTACT [HHSA-CONTRACTS@edcgov.us](mailto:HHSA-CONTRACTS@edcgov.us) for pick up.

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Do not send to Risk –  
Does not require Risk's review.

**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: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

CFO Review: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_ Deputy Director, Administration and Contracts:  / 5/8/19 Date: \_\_\_\_\_  
A/P or A/R Mgr Approval: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_ Contracts ASO Approval: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Please contact [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) for contract pickup.