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## AGREEMENT CONTRACT ROUTING SHEET

04/06/2020		Need Date:					
EPARTMENT:		CONTRACTOR:					
HHSA		Name:	N/A				
Lisa Konyecsni		Address:					
295-6901		•					
Yvonne Kollings, CFO	Digitally signed by Yvonne Kollings, CFO DN: cn=Yvonne Kollings, CFO, o=El Dorado County, ou=HHSA, email=yvonne kollings@edcgov.us, c=US Date: 2020.04.06 16:58:30 -07'00'	Phone:					
		Org Code:					
		Project #					
		(if applicabl	e):				
		Fundina So	ource:				
DEPARTMENT	HHSA - Child Wel	_					
ed: Transitional Hou	sing Program Resolution	on					
olution that authorizes t	he HHSA Director to ac	cept the Transitional Hou	using Program fur	nding.			
IA		Contract Value	Contract Value: \$ 0.00				
			020	By: Paula Frantz Digitally signed by Paula Frantz Date: 2020.04.16 13:14:33			
		Date:		By:			
	PEPARTMENT:  HHSA  Lisa Konyecsni 295-6901  Yvonne Kollings, CFO  PEPARTMENT  Ed: Transitional House of the colution that authorizes the colution that appropriate the columns are columns as a columns are columns are columns as a column are columns are columns as a column are columns are columns as a column are column are column are columns as a column are columns as a column are columns as	DEPARTMENT:  HHSA  Lisa Konyecsni 295-6901  Yvonne Kollings, CFO  Digitally signed by Yvonne Kollings, CFO, on-El Dorado County, out-HBSA, cells Date: 2020.04.06 16:58:30-07'00'  DEPARTMENT: HHSA - Child Well and the Child that authorizes the HHSA Director to account of the Child that a child	PEPARTMENT:  CONTRAC  HHSA  Lisa Konyecsni 295-6901  Yvonne Kollings, Digitally signed by Yvonne Kollings, CFO, O=EI Dorado County, ou-Hrist, O=EI Dorado Co	PEPARTMENT:  HHSA  Lisa Konyecsni  295-6901  Yvonne Kollings, CFO and Duration Kollings, CFO and Duration County, out-HISA, and county, out-HISA, out-HISA, and county, out-HISA, out-HISA, and county, out-HISA, and county, out-HISA, out-HISA,			

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP HHSA-Contracts@edcgov.us Thank you!