

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/06/2020

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Yvonne Kollings, CFO
Digitally signed by Yvonne Kollings, CFO
DN: cn=Yvonne Kollings, CFO, o=EI
Dorado County, ou=HHSA,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.04.06 16:58:30 -0700

Name: N/A
Address: _____
Phone: _____
Org Code: _____
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA - Child Welfare Services

Service Requested: Transitional Housing Program Resolution

Description: Resolution that authorizes the HHSA Director to accept the Transitional Housing Program funding.

Contract Term: NA Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 04/16/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.04.16 13:14:33
-0700

~~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!