

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 09/29/2020

**Need Date:** 10/15/2020

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: Health and Human Services Agency  
Dept. Contact: Consie Mote  
Phone: 642-7118  
Department Head Signature: Yvonne Kollings

Name: United States Department of Housing and Urban Development  
Address: Office of Community Planning and Development  
One Sansome Street, Suite 1200 San Francisco, CA 94104-4430  
Phone: \_\_\_\_\_  
Org Code: \_\_\_\_\_  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_

Funding Source: Federal

**CONTRACTING DEPARTMENT:** Health and Human Services Agency, (Public Housing Authority)

Service Requested: Review of GRANT AGREEMENT

Description: Continuum of Care Program Grant Agreement CA1870L9T251900

Contract Term: Upon 1st day of month following execution- 3yrs Contract Value: \$ 10,336.00

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

Approved:  Disapproved:  Date: 09/30/2020 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED under separate cover

**PLEASE EMAIL FOR PICK-UP [hlsa-contracts@edcgov.us](mailto:hlsa-contracts@edcgov.us) Thank you!**

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**RISK MANAGEMENT: (Must approve all contracts and MOU's)**

Approved:  Disapproved:  Date: 10/05/2020 By: Robert R. Schroeder  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by Robert R. Schroeder  
Date: 2020.10.05 11:27:43 -0700

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