

Agreement # _____

Legistar # 20-1164

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/29/2020

Need Date: 09/08/2020

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Jason Stalder

Phone: x7331

Department Head Signature: Yvonne Kollings, CFO

Digitally signed by Yvonne Kollings, CFO
Date: 2020.08.31 11:14:39 -0700

CONTRACTOR:

Name: Cal OES

Address: 3650 Schriever Ave

Mather, CA 95655

Phone: 916-845-8878

Org Code: HHSA Dept 50

Project # _____

(if applicable): _____

Funding Source: Federal - VOCA Funds

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of Certification of Assurance of Compliance and Grant Face Sheet for County Victim Services Grant Program

Description: A new grant cycle for County Victim Services Program funds requires a new Certification of Assurance of Compliance as a part of application

Contract Term: January 1, 2021 - December 31, 2021 Contract Value: \$ 168,946.00

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

Approved: Disapproved: Date: 09/04/2020 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2020.09.04 17:21:02
-0700

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us Thank you!



Jason Stalder <jason.stalder@edcgov.us>

Please Review - CRS for new Elder Abuse Grant

Yvonne Kollings <yvonne.kollings@edcgov.us>
To: Jason Stalder <jason.stalder@edcgov.us>
Cc: Kathryn Deffebach <kathryn.deffebach@edcgov.us>

Fri, Aug 28, 2020 at 10:38 AM

Please accept my electronic approval of this CRS for the Elder Abuse Grant.

Kind Regards,

Yvonne
[Quoted text hidden]

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Yvonne Kollings
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El Dorado County
Health and Human Services Agency
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yvonne.kollings@edcgov.us