

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 07/13/2021

Need Date: 07/23/2021

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Alisha Johnson
Phone: (530) 642-7317
Department Head Signature: Nita Wracker
MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.07.14 09:45:25
-07'00'
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Cal OES
Address: 3650 Schriever Ave
Mather, CA 95655
Phone: 916-845-8878
Org Code: HHSA Dept 50
Project String
(if applicable): _____

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, 2022 - December 21, 2022 Contract Value: _____

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

Approved: Disapproved: Date: 08/03/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.08.03 12:14:00 -07'00'

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____