

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 09/15/2021

Need Date: 09/30/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Alisha Johnson
Phone: 707-688-7629
Department Head Signature: Nita Wracker
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.09.15 16:08:48
-07'00'

CONTRACTOR:

Name: US DEPT. OF HOUSING AND URBAN DEVELOPMENT (HUD)
Address: One Sansome Street, Suite 1200
San Francisco, CA 94104
Phone: (415) 489-6400
Org Code: 5211
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Funding Agreement

Description: HUD Approved Assignment and Assumption Agreement Transfer by Center for Violence-Free Relationships (Assignor) to County CoC, HHSA (Assignee)

Contract Term: 9/13/2021 - 9/13/2022 Contract Value: \$9,817.00

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

Approved: Disapproved: Date: 9/17/2021 By: DeeDee J. Hantz
Approved: Disapproved: Date: _____ By: _____

(HUD Approved transferred from Center for Violence Free to HHSA CoC - Letter Attached of this Accepted Transfer of Agreement)
On 9/17, HUD Provided the original Agreement executed between HUD and Center for Live Violence Free, in which the County is assuming.

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: 09/17/2021 By: Michael Andersen
Approved: Disapproved: Date: _____ By: _____

Sending back CRS for Original Agreement Awarded to The Center for Live Violence Free - for RISK

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