Agreement #	- Amendment #	Legistar#	

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared:	10/04/2021	Need Date:	10/14/2021
PROCESSING DE Department: Dept. Contact: Phone: Department Head Signature:	EPARTMENT: HHSA Alisha Johnson 707-688-7629 Nita Wracker MBA CPA Date: 2021.10.04 13:20:59 -07'00' Nita Wracker, MBA, CPA Agency Chief Fiscal Officer	CONTRACT Name: Address: Phone: Org Code: Project Strin (if applicable	State of California, Department of Housing and Community Development 220 W. El Camino Ave, Ste 130 Sacramento, CA 95252 5130
Description: Re Contract Term: up	d: Review of Standard agreement venue agreement with HCD for Traditional	vices Housing Program (THP) Contract Value	
Compliance verific			pt boilerplate grant funding contracts
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) pa	articipating or dire Date: Date:	ectly affected by this contract). By: By: