

# REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 10/04/2021

Need Date: 10/14/2021

**PROCESSING DEPARTMENT:**

Department: HSA  
Dept. Contact: Alisha Johnson  
Phone: 707-688-7629  
Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.10.04 13:20:59  
-07'00'  
MBA CPA  
Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: State of California, Department of Housing and Community Development  
Address: 220 W. El Camino Ave, Ste 130  
Sacramento, CA 95252  
Phone: \_\_\_\_\_  
Org Code: 5130  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - Social Services

Service Requested: Review of Standard agreement  
Description: Revenue agreement with HCD for Traditional Housing Program (THP)  
Contract Term: upon execution - 06/30/24 Contract Value: 32,000

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

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**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: 10/08/2021 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2021.10.08 08:49:20 -07'00'  
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: \_\_\_\_\_