

APPROVED AS TO FORM FOR THE CDSS RFA PROGRAM MOU:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

Date: _____

DANIEL NIELSON
DEPARTMENT OF SOCIAL SERVICES

By: _____
Director

Date: _____

RAY AROMATORIO, ARM, AIC
RISK PROGRAM MANAGER

By: _____

Date: _____