

CAL-OAR REPORT SIGNATURE

For submittal of: ☐ Cal-CSA ☐ Cal-SIP ☐ Cal-SIP Progress Report

County	
Submission Date	
Cal-CQI Cycle	2021-2026 Cycle
County Welfare Director	
Name	
Signature	
Phone Number	
Board of Supervisors (BOS) Representative Signature – <u>For Cal-SIP Approval Only</u>	
BOS Approval Date	
Name	
Title/Position	
Signature	<i>Maurice Mulhearn</i>

Contact Information

County Cal-OAR Contact	Name and Title	
	Phone & E-mail	

Sign, scan, and submit the Signature Sheet along with the Cal-OAR Report to your county's SFT site.