

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 04/05/2022

Need Date: 04/13/2022

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Alisha Bryden
Phone: 707-688-7629
Department Head Signature: Kimberly McAdams, Acting CFO
Digitally signed by Kimberly McAdams, Acting CFO
Date: 2022.04.06 08:38:32 -07'00'
Kimberly McAdams,
Acting Agency Chief Fiscal Officer

CONTRACTOR:

Name: CA Dept of Housing and Community Development (HCD)
Address: 9342 Tech Center Drive, Suite 500
Phone: 800-952-8356
Org Code: 5211
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA

Service Requested: Review and Approve Resolution fro CDBG-CV Funding Award

Description: Resolution to adopt amended CDBG-CV funding award, Amendment to Agreement 20-CDBG-CV2-3-00154, which changed funding amount from \$1,829,794 (approved on RESO 037-2021) to \$2,251,157.00, absorbing City of Placerville's allocation)

Contract Term: N/A Contract Value: _____

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

Approved: Disapproved: Date: 04/11/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.04.11 16:08:19 -07'00'
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: _____ By: _____
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: _____