

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/29/2022

Need Date: 02/06/2023

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Consie Mote
Phone: 7118
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.12.01 16:05:47 -08'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: Volunteers of America
Address: 3434 Marconi Avenue
Sacramento, California 95821
Phone: 916-265-3400
Org Code: 5210110
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHS

Service Requested: Review and Approve

Description: Amendment to Homeless navigation center operations agreement 6722 due to change in funding source.

Contract Term: One year (no change) Contract Value: no change

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

Approved: Disapproved: Date: 02/07/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.02.07 12:17:02 -08'00'
Approved: Disapproved: Date: _____ By: _____

* Revised version sent 2/7/23 approved.

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Sera Salmalyan
Digitally signed by Sera Salmalyan
Date: 2023.02.09 16:42:22 -08'00'

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 02/07/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.02.07 15:03:38 -08'00'
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: _____

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: _____

Name: _____

Dept. Contact: _____

Address: _____

Phone: _____

Phone: _____

Department _____

Head Signature: _____

Org Code: _____

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: _____

Service Requested: _____

Description: _____

Contract Term: _____ Contract Value: _____

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

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL DOCUMENT TO cao-contracts-newrequests@edcgov.us

UPON COMPLETION

Thank you!