

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 10/18/2021

Need Date: 11/01/2021

**PROCESSING DEPARTMENT:**

Department: HHSA  
Dept. Contact: Consie Mote  
Phone: x7118  
Department: Nita Wracker  
Head Signature: MBA CPA  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.10.18 15:07:34  
-07'00'  
Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: The Center for Common Concerns ( HOMEBASE)  
Address: 870 Market Street, Suite 1228  
San Francisco, CA 94102-2926  
Phone: \_\_\_\_\_  
Org Code: 5210113  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review of Amendment 1 to Agreement 5919

Description: Amendment to increase maximum obligation by \$175,000 in contract for technical assistance in support of the homeless program

Contract Term: 9/1/2021-9/30/2022 Contract Value: \$250,000

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

Approved:  Disapproved:  Date: 10/19/2021 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2021.10.19 08:30:30 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Lauren Montalvo  
Digitally signed by Lauren Montalvo  
Date: 2021.10.21 09:46:52 -07'00'

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

Approved:  Disapproved:  Date: 10/19/2021 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2021.10.19 17:05:27 -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: \_\_\_\_\_

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**