

Agreement # 4212 - Amendment # 2 Legistar # 20-0807

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 07/24/2020

Need Date: 07/31/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kathryn Deffebach
Phone: x4717
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o, ou,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.07.24 14:56:18 -0700
Yvonne Kollings, CFO

CONTRACTOR:

Name: Tahoe Coalition for the Homeless
Address: PO Box 13514
South Lake Tahoe, CA 96151
Phone: _____
Org Code: _____
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Correction of a clerical error in Amendment 1

Description: Funding listed was too limiting - CARES Act needs to be available for the C19 Case Mgmt

Contract Term: 10/8/19 - 3/30/24 Contract Value: \$558,805.24

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

Approved: Disapproved: Date: 08/10/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.08.10 15:47:05 -0700

Note from HHSA: No change to term or NTE.

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

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: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!