

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 5/5/26

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Brian Michaelson
Phone: X 6922
Dept. Signature: Alisha A. Bryden
Title: AAS

Org Code: 5210100
Funding Source: HHAP-6
PL String: _____
Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: 10349

CONTRACT AMENDMENT #: _____

Contracting Department: Community Services

Contractor/Vendor Name: CA Dept. of Housing & Community Development

Contract Term: Execution-6/30/2030 Contract Value: \$670,181.51

Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: _____
NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Homeless, Housing, Assistance and Prevention Grant Round 6 Funding In Agreement

COUNTY COUNSEL

Approved Disapproved Date: 5/8/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.05.08 13:59:08 -07'00'
By: _____

COMMENTS

CONTRACT AMENDMENT ONLY

HR APPROVAL

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

RISK APPROVAL

Approved Disapproved Date: 5/8/26
Approved Disapproved Date: _____

By: Karen Bianchini Digitally signed by Karen Bianchini
Date: 2026.05.08 16:37:16 -07'00'
By: _____

COMMENTS For process only