

Agreement # 8811

Legistar # 24-1053

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/30/2024

Need Date: 08/02/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency

Dept. Contact: Khrista Ringnes

Phone: x7118

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.07.30 08:27:42 -07'00'

Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Homebase

Address: 870 Market Street, Suite 1228

San Francisco, CA 94102

Phone: _____

Org Code: 5210113, 5210116

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHS - Community Services

Service Requested: Review of agreement

Description: Technical Assistance Consultant Services

Contract Term: 10/01/2024-09/30/2027 Contract Value: \$ 899,992.00

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

Approved: Disapproved: Date: 07/31/2024 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2024.07.31 09:38:23 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!