

NEW AGREEMENT CONTRACT ROUTING SHEET

To Counsel: 9/16/19

Date Prepared: 9/16/19/19

Need Date: 9/19/19

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Consie Mote

Phone: 7118

Department Head Signature: *[Signature]*

Donald Semon, Director

CONTRACTOR:

Name: The Center for Common Concerns, Inc., / HomeBase

Address: 870 Market Street, Ste 1228
San Francisco, CA 94102-2926

Phone: _____

Org Code: 5210

Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Dev't of a Strategic Plan (and plan for 1st year of implementation) on Homelessness

Contract Term: Upon Execution - Sept 29, 2020

Contract Value: \$55,000

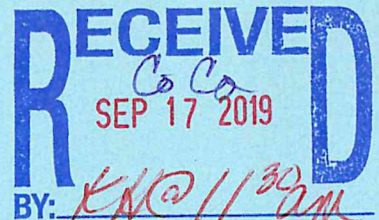
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 9/17/19 By: *[Signature]*

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

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW



PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!