

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 05/02/2022

Need Date: 05/06/2022

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Alisha Bryden
Phone: 707-688-7629
Department Head Signature: Kimberly McAdams, Acting CFO
Digitally signed by Kimberly McAdams, Acting CFO
Date: 2022.04.29 13:37:45 -07'00'
Kimberly McAdams,
Acting Agency Chief Fiscal Officer

CONTRACTOR:

Name: State of California Department of Housing and Community Development (HCD)
Address: 2020 W. El Camino Avenue, Sacramento, CA 95833
Phone: (916) 231-9781
Org Code: 5211000
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review Amended CDBG-CV Funding Agreement

Description: (Initial Counsel Approved Agreement) City of Placerville removed in Amended Agreement & County issued combined County and City full allocation of \$2,251,257

Contract Term: 11/9/2021 to 11/8/2023 Contract Value: \$2,251,257

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

Approved: Disapproved: Date: 05/17/2022 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2022.05.17 19:37:59 -07'00'

Counsel approved the initial CDBG-CV funding Agreement on 10/19/21. That approval is attached. The only changes to this amended Agreement are that the City of Placerville was removed from the Funding Agreement, and as HHSA is the Admin Entity for the City of Placerville's allocation, the County's funding amount changed from \$1,829,794 (approved on RESO 037-2021) to \$2,251,157, to include the City and County's combined allocation.

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: _____