

Agreement # 20-ESGV1-00037 - Amendment # 3 Legistar # 22-1049

# REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 08/31/2022

Need Date: 09/08/2022

**PROCESSING DEPARTMENT:**

Department: HSA  
Dept. Contact: Alisha Bryden  
Phone: 707-688-7629  
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer  
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer  
Date: 2022.08.31 11:22:27 -07'00'  
Kimberly McAdams,  
Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: Department of Housing and Community Development (HCD)  
Address: 744 P St, Sacramento, CA 95814  
Phone: (916) 651-8848  
Org Code: 5211  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA Housing and Homelessness Services

Service Requested: ESG-CV Resolution Review and Funding Agreement 20-ESGCV1-00037 Amendment 3

Description: RESO and Funding Agreement - Only Change to both: extends Agreement term from November 30, 2022, to December 31, 2023 and changes funding expenditure deadlines

Contract Term: December 14, 2020 to December 31, 2023 Contract Value: 1,653,000.00

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

Approved:  Disapproved:  Date: 09/01/2022 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Paula Frantz  
Date: 2022.09.01 13:54:35 -07'00'

Notes for Counsel:

a) ESG-CV RESO (No 084-022) was approved by Counsel under Server ID 22-0001795 on 5/17/22 (by Paula) - Only change to this RESO from the prior RESO is the term date Term extended from November 30, 2022, to December 31, 2023 (No other RESO changes made)

b) Funding Agreement AM 3 - The term date and expenditure timeline changed

**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: \_\_\_\_\_