

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 10/18/2021

Need Date: 11/01/2021

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Consie Mote
Phone: x7118
Department: Nita Wracker
Head Signature: MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.10.18 15:07:34
-07'00'
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: The Center for Common Concerns (HOMEBASE)
Address: 870 Market Street, Suite 1228
San Francisco, CA 94102-2926
Phone: _____
Org Code: 5210113
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of Amendment 1 to Agreement 5919

Description: Amendment to increase maximum obligation by \$175,000 in contract for technical assistance in support of the homeless program

Contract Term: 9/1/2021-9/30/2022 Contract Value: \$250,000

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

Approved: Disapproved: Date: 10/19/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.10.19 08:30:30 -07'00'
Approved: Disapproved: Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2021.10.21 09:46:52 -07'00'

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 10/19/2021 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2021.10.19 17:05:27 -07'00'
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: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!