

# **CA HCD Revision / Amendment Request Form**

Please complete the form below to request revisions or amendments to your CDBG-CV Standard Agreement under California Department of Housing and Community Development guidelines. A separate form must be completed for each agreement/award.

# Part 1: Requested Revision / Amendment for:

Award Number:	20-CDBG-CV2-3-00154
Contractor/Grantee:	County of El Dorado
Grant Administrator (CDBG-CV) OR CDBG Representative (Annual CDBG):	Lauren Pollick
Person Completing Form:	Lauren Pollick
	and/or Part 3: Amendments sections below. v Standard Agreement, while amendments do.
Part 2: Contract Revisions	
and complete entries for those revisions. It to execution unless CA HCD has provided.	meline or Milestone, Beneficiaries or Other) Revisions MAY NOT be implemented prior ded written notice to proceed. temize the Scope of Work and/or Change the
☐ Itemize the Scope of Work	
Original Scope of Work:	Proposed Itemized Scope of Work:



☐ Change the Scope of Work in a manner that does not change the overall budget, National Objective, or change activity type and does not reduce the number of estimated beneficiaries. If your request impacts these areas, STOP. You must request an Amendment.		
Original Scope of Work:	Proposed Scope of Work:	
rimeline or Milestone Revision roposed revisions may only affect intermediate milestones; they MAY NOT ffect start and end dates. An Amendment is required to change start or end ate.		
Original Milestones:	Proposed Milestones:	
Beneficiaries Revision  To qualify as a revision, proposed adjustments must increase the estimated number of beneficiaries WITHOUT increasing or decreasing the scope of vand WITHOUT changing the overall budget.		
Original Estimated Number of Beneficiaries:	Increased Number of Beneficiaries:	



CALIFORNIA				
Other (Please Explain)				
	Original Item:	Proposed Change:		
Part	3: Contract Amendment			
Include in this section adjustments that change the scope in a manner that requires a change to the awarded activity budget, including adding funds from other State CDBG funded activities, other CDBG-CV allocations, adding Program Income, and reducing funds from either State CDBG awarded funds or Program Income.				
Contract Amendments must be fully executed by <b>BOTH</b> the Grantee and the CA HCD prior to implementation. <b>Adjustments MAY NOT be implemented prior to execution unless CA HCD has provided written notice authorizing the Grantee to proceed.</b>				
Choose amendment type(s) (Scope of Work, Budget and Scope of Work, Beneficiaries, or Other) and complete entries for these amendments.				
	Scope of Work Amendment (Choose El	THER Add Scope or Reduce Scope)		
ļ	☐ Add Scope beyond what was included in the original application			
	Original Scope of Work:	Proposed Scope of Work:		



original application.	A / 1	D 10		
Original Scope of V	Vork:	Proposed Scope of	Work:	
<b>Budget and Scope of Work Amendment</b> (Choose Change of Scope requiring adding funds, Change of Scope requiring reducing funds, and/or Budget Change.)				
☐ Change to the Scope of Work that requires a change to awarded activity budge including ADDING FUNDS from other State CDBG funded activities or other CDBG-CV allocations or adding Program Income. Complete both the scope and budget information below.				
Original Scope of Work:		Proposed Scope of Work:		
	· ·	Change	Change	
Original Sco	<u>.                                      </u>	Proposed Sc	ope of Work:	
Awarded Funds	Total Funds	Awarded Funds	Total Funds	

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Proposed Scope of Work:
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Budget Change			
Original Scope of Work:		Proposed Scope of Work:	
Awarded Funds	Total Funds	Awarded Funds	Total Funds

Budget change to awarded activity budget including adding funds from other CDBG-CV, CDBG annual funds, or Program Income allocation. If the budget line items (such as activity or activity delivery) are moved WITHOUT increasing or decreasing the overall budget, complete the Revision section instead.

Budget Changes			
Original Scope of Work:		Proposed Scope of Work:	
Awarded Funds	Total Funds	Awarded Funds	Total Funds



	Beneficiaries Amendment			
	Proposed adjustments should in number of beneficiaries is bein the scope of work and WITH Revision section instead.	or decreasing		
	Original Estimated Number of Beneficiaries:	Reduced Number of Beneficiaries:		
$\square$	Other (Please Explain)			

## Original Item:

- 1. The City of Placerville named one of the payees on the STD 213.
- 2. The City of Placerville named one of the contractors on the STD 215.
- Exhibit F is included in the original package, which requires a new resolution.

# Proposed Change:

- 1. Remove the City of Placerville as one of the payees on the STD 213.
- 2. Remove the City of Placerville as one of the contractors on the STD 215.
- 3. Remove Exhibit F from the original package.

### **Amendment Justifications and Assurances**

Please include the following information for the proposed amendment.

1. Identify the reasons for the proposed amendment(s).

According to the resolution, only El Dorado has the authority to enter into the agreement with HCD and conduct business associated with this agreement. The City of Placerville gave this authority to the County of El Dorado in their resolution. Therefore, the City of Placerville needs to be removed from both the STD 215 and the STD 213 so that the contract and PO correctly reflect HCD's agreement is only with the County of El Dorado.

2. List steps being taken to avoid any future amendment(s) request(s) for the same reason(s).

Connect with Legal, Accounts Payable, and Contracts departments to ensure clear guidance on contracts. Only one grantee can be considered the payee and contractor.



# Part 4: Grantee Approval and Acknowledgment

I approve the revision or amendment requested above. I acknowledge that if revisions are approved, they will be automatically incorporated into our current Standard Agreement. All other provisions of the agreement shall remain unchanged. I also acknowledge that if an amendment is approved, it must be fully executed by both the Grantee and the Department prior to implementation.

Name of Designated Official:	Title of Designated Official:	
Don Semon	Director of El Dorado County Health and Human Services Agency	
Signature of Designated Official:	Date:	
Don Semon (Jan 19, 2022 09:04 PST)	01/19/2022	
CA HCD USE ONLY BI	ELOW THIS LINE	
CATIOD OSE ONET BI		
☐ Recommended for Approval		
□ Not Recommended for Approval due to:		
Grant Administrator (CDBG-CV) or CDBG Representative (Annual CDBG) Signature	Date	
Tropicsontative (Aliman Obbo) digitatore		
CA HCD Program Manager Signature	Date	
OALIOD Continu Objet Manager A	Dete	
CA HCD Section Chief Manager Approval	Date	

#### SCO ID:

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) STANDARD AGREEMENT 20-CDBG-CV-2-3-00154 STD 213 (Rev. 04/2020) 1. This Agreement is entered into between the Contracting Agency and the Contractor named below: CONTRACTING AGENCY NAME Department of Housing and Community Development (HCD) **CONTRACTOR NAME** County of El Dorado 2. The term of this Agreement is: START DATE Upon HCD Approval THROUGH END DATE Twenty-Four (24) Months from the Effective Date 3. The maximum amount of this Agreement is: \$2,251,157.00 4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement. **Exhibits** Title **Pages** Exhibit A 8 Authority, Purpose, and Scope of Work 7 Exhibit B Budget Detail and Payment Provisions GTC Exhibit C\* State of California General Terms and Conditions 04/2017 Exhibit D 25 CDBG-CV2/3 Program Terms and Conditions + Exhibit E Program Application 496 Items shown with an asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at https://www.dgs.ca.gov/OLS/Resources IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO. **CONTRACTOR** CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.) City of El Dorado **CONTRACTOR BUSINESS ADDRESS** CITY **STATE** Ζ**Ι**Ρ **Placerville** 3057 Briw Rd, Suite B CA95667

TITLE

Director

01/19/2022

DATE SIGNED

PRINTED NAME OF PERSON SIGNING

CONTRACTOR AUTHORIZED SIGNATURE

Don Semon

Don Semon (Jan 19, 2022 09:04 PST)

### SCO ID:

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES AGREEMENT NUMBER PURCHASING AUTHORITY NUMBER (If Applicable) STANDARD AGREEMENT 20-CDBG-CV-2-3-00154 STD 213 (Rev. 04/2020) STATE OF CALIFORNIA CONTRACTING AGENCY NAME Department of Housing and Community Development (HCD) CONTRACTING AGENCY ADDRESS CITY ZIP STATE 2020 W. El Camino Avenue Sacramento CA 95833 PRINTED NAME OF PERSON SIGNING TITLE Shaun Singh Contracts Manager CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL EXEMPTION (If Applicable) Exempt per SCM Vol. 1 4.04. A.3 (DGS memo dated 6/12/1981)