

Agreement # 20-ESGV1-00037 - Amendment # 3 Legistar # 22-1049**REVENUE, POLICY, ETC. ROUTING SHEET**Date Prepared: 08/31/2022Need Date: 09/08/2022**PROCESSING DEPARTMENT:**

Department: HHSA  
 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:** HHSA Housing and Homelessness ServicesService Requested: ESG-CV Resolution Review and Funding Agreement 20-ESGCV1-00037 Amendment 3Description: RESO and Funding Agreement - Only Change to both: extends Agreement term from November 30, 2022, to December 31, 2023 and changes funding expenditure deadlinesContract 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: \_\_\_\_\_

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: \_\_\_\_\_