

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/27/2023

Need Date: 05/17/2023

**PROCESSING DEPARTMENT:**

Department: HHSA - Community Services  
Dept. Contact: Lisa Konyecsni  
Phone: ext. 6901  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.05.03 09:37:23 -07'00'  
Alisha Bryden  
Administrative Analyst

**CONTRACTOR:**

Name: Volunteers of America  
Address: 3434 Marconi Ave  
Sacramento, CA 95821  
Phone: \_\_\_\_\_  
Org Code: \_\_\_\_\_  
Project String (if applicable): 5210110

**CONTRACTING DEPARTMENT:** HHSA - Community Services

Service Requested: Legal review  
Description: Amendment to homeless navigation center operations to add funding, update articles, add exhibits, extend by 1 year, and update the scope  
Contract Term: 6/28/22-6/27/23 (current) 6/28/22-6/30/24 (new) Contract Value: \$1,347,963(current, yr 1) \$1,545,797(new, yr 2)

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

Approved:  Disapproved:  Date: 05/03/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.05.03 13:31:02 -07'00'  
Approved:  Disapproved:  Date: 05/18/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.05.18 09:20:43 -07'00'

\*With edits noted 5/3/23

\*\* With edits noted 5/18/23

5/22/23: Resubmission with additional changes to recital, scope, and compensation section. Please note approval/disapproval here:

*\*\*\* Draft revised & sent @ 15:00 on 5/22/23 approved JDR*

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

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Sera Salmanyany  
Digitally signed by Sera Salmanyany  
Date: 2023.05.22 08:27:07 -07'00'

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

Approved:  Disapproved:  Date: 05/18/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.05.18 13:27:54 -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: \_\_\_\_\_