

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 6/12/2020

Need Date: 07/01/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: 7118
Department Head Signature: Digitally signed by Yvonne Kollings, CFO
DN: cn=Yvonne Kollings, CFO, o=El Dorado County, ou=HHSA,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.06.17 10:38:43 -07'00'
Yvonne Kollings, CFO

CONTRACTOR:

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

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Amendment to Agreement 4244

Description: Revision to TERM- adding 1 year

Contract Term: 10/22/2019-10/21/2021 Contract Value: 55,000 (No Change)

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

Approved: Disapproved: Date: 06/26/2020 By: Paula Frantz
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: _____

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

Approved: Disapproved: Date: 06/29/2020 By: SCHROEDER.ROBE
Approved: Disapproved: Date: _____ By: RT.R.1188050227

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: N/A
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

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