THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

SAN BERNARDINO	Contract Number 24-1008 A1
COUNTY	SAP Number
Community Dev Hous	-
Department Contract Representative Telephone Number	Carrie Harmon (909) 382-3983
relephone itamiser	(000) 002 0000
Contractor	State of California Department of Housing and Community Development
Contractor Representative	Kelvin Singh
Telephone Number	(916) 776-7420
Contract Term	10/31/2024 through 10/15/2025
Original Contract Amount	\$259,772
Amendment Amount	
Total Contract Amount	\$259,772
Cost Center	62100002484
Grant Number (if applicable)	23-ESG-18014-AM1

Briefly describe the general nature of the contract: Emergency Solutions Grant Continuum of Care Agreement (State Standard Agreement No. 23-ESG-18014) between San Bernardino County Continuum of Care and the State of California Department of Housing and Community Development in the amount of \$259,772 to fund Rapid Rehousing, Emergency Shelter, Homeless Management Information System, and grant administration costs, effective 10/31/2024 through October 15, 2025.

FOR COUNTY USE ONLY		
Approved & sted Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
Swanne Bryant C250227778 Bryant, Deputy County Counsel	<u> </u>	<u> </u>
Date	Date	Date

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT - AMENDMENT	S	CO ID:		
STD 213A (Rev. 4/2020)	AGREEMENT NUMBER	AMENDMENT NUMBE	R Purchasing Autho	rity Number
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 PAGES	23-ESG-18014	1		
1. This Agreement is entered into between the Contracting Agen	cy and the Contractor name	d below:		
CONTRACTING AGENCY NAME				
Department of Housing and Community Development Age	ency (HCD)			
CONTRACTOR NAME San Bernardino County				
2. The term of this Agreement is:				
START DATE				
October 31, 2024				
THROUGH END DATE				
October 15, 2025				
3. The maximum amount of this Agreement after this Amendmen \$259,772	et is:			
4. The parties mutually agree to this amendment as follows. A incorporated herein:	Il actions noted below are	by this reference made a	a part of the Agreeme	nt and
All other terms and conditions shall remain the same. IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED I	BY THE PARTIES HERETO.			
	CONTRACTOR			
CONTRACTOR NAME (if other than an individual, state whether a corporat San Bernardino County	ion, partnership, etc.)			
CONTRACTOR BUSINESS ADDRESS		CITY	STATE	ZIP
385 N. Arrowhead Avenue, 5th Floor		San Bernardino	CA	92415
PRINTED NAME OF PERSON SIGNING		TITLE		
Diane Roodles		Assistant Ex	cecutive Officer	
CONTINCTOR A JTHOR ZED SIGNATURE		DATE SIGNED		
rul		317/20	5	
Sī	TATE OF CALIFORNIA	14116	<u></u>	
CONTRACTING AGENCY NAME				
Department of Housing and Community Development (HC	D)			
CONTRACTING AGENCY ADDRESS		CITY	STATE	ZIP
651 Bannon Street, Suite 700		Sacramento	CA	95811
PRINTED NAME OF PERSON SIGNING		TOLE	inna Contina N	1anaga
Diana Malimon		Contract Serv	ices Section is	rianage
CONTRACTING AGENCY AUTHORIZED SIGNATURE		DATE SIGNED		
Diana Malimon		03/24/2025		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL		EXEMPTION (If Applicable)		
		Exempt per SCM Vol. 6/12/1981)	1 4.04. A.3 (DGS med	mo dated

EXHIBIT E

PROJECT SPECIFIC PROVISIONS AND SPECIAL TERMS AND CONDITIONS

1. Project Specific Provisions

The following are project specific terms and conditions (referred to as enumerated provision(s) for ease of reference in prior exhibits) as result of application submitted in response to the ESG NOFA dated August 15, 2023, shall inform the references made to project specific information not contained in prior exhibits.

Provision Ex. A – E.1 (Scope of Work – As referenced in Exhibit, Section 2)

Total Award Allocation
\$259,772

For the purposes of performing the Work, the Department agrees to provide the amount shown above. In no instance shall the Department be liable for any costs for Work in excess of this amount, nor for any unauthorized or ineligible costs. The ESG Recipient agrees to administer this allocation in accordance with the provisions of 24 CFR 576 and Part 91 and the ESG State Regulations, Title 25, Division 1, Chapter 7.

Provision Ex. A – E.2 (Term of Agreement and Deadlines – (As referenced in Exhibit A, Section 4)

- A. This Contract will **expire** on: October 15, 2025
- B. All Program funds shall be **expended** by: August 18, 2025

Provision Ex. A – E.3 (Expenditure Milestone Requirements - As referenced in Exhibit A, Section 4 (G))

Percentage of ESG Award that must be expended	Milestone Deadline
20%	120 days after execution of contract
50%	180 days prior to expenditure deadline
80%	60 days prior to expenditure deadline

Emergency Solutions Grants Program (ESG)

Continuum of Care (AE) Allocation NOFA Date:8/15/2023

Approved Date: 11/21/2023 Prep. Date: 12/22/2023

EXHIBIT E

Provision Ex. A – E.4 (Contractor's Contract Coordinators - As referenced in Exhibit A, Section 9)

Diane Rundles
Assistant Executive Officer,
Community Revitalization
San Bernardino County
385 N. Arrowhead Avenue, 5th
Floor
San Bernardino, CA 92415
(909) 387-4717
diane.rundles@cao.sbcounty.gov

Provision Ex. B – E.1 (Budget Detail and Payment Provisions - As referenced in Exhibit B, Section 1)

Rapid Re-Housing Assistance	\$ 101,127	
Emergency Shelter	\$ 126,408	
Homeless Management Information System	\$ 25,282	
Grant Administration	\$ 6,955	

TOTAL GRANT AWARD AMOUNT: \$ 259,772

2. Special Terms and Conditions

The following Special Conditions are applicable to this Standard Agreement and shall control notwithstanding anything to the contrary herein:

[N/A]

Emergency Solutions Grants Program (ESG) Continuum of Care (AE) Allocation

NOFA Date:8/15/2023 Approved Date: 11/21/2023 Prep. Date: 12/22/2023



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review <u>prior to signature</u> by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Community Development and Housing

Contact Name: Erica	a Watkins	Telephone:	909-501-0649	
Agreement No.: 24	-1008 Amendment No.:1 Date of Board Item	10/3/23	Board Item No.:	15
Name of Contract Enti	ty/Project Name: Emergency Solutions Grant Contin	uum of Care A	greement	
Explanation of request/Special Instructions: Community Development and Housing requests the signature of the Assistant Executive Officer on the Authorized Signatories Identity Form for Requests for Funds associated with the Emergency Solutions Grant Continuum of Care Agreement No. 24-1008 A-1 (State Standard Agreement No. 23-ESG-18014-AM1). On October 3, 2023 (Item No. 15), the Board of Supervisors adopted Resolution 2023-179 authorizing the Chief Executive Officer, Assistant Executive Officer, or Director of the Community Development and Housing Department to sign and submit Funds Requests and all required reporting forms and other documentation as may be required by the State of California, subject to review by County Counsel. Insert check mark that the following required documents are attached to this request: Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form). Board Agenda item that delegated the authority				
Department Routed to County Counsel	County Counsel Name: Suzanne Bryant	Date Sent:		
Reviewing County Counsel Use Only	Review Date 3/13/2025 Suzanne Bryant Signature		n: cope of Delegated Autho Scope of Delegated Auth	
CAO-Special Projects Use Only	Review Date 3/18/26		signature to: nairCEODepart	

Signature

of agenda item XDEO