

Change Request Process

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Grantee

- Completes [Change Request Form](#)
 - Sends completed form to HCFC: HCFC@bcsh.ca.gov
- EXPECT:** An email confirming receipt from HCFC within 2 business days

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HCFC

- Prepares amendment docs: STD 213-A & Exhibit E
- Emails above documents to Grantee for signature

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Grantee

- Reviews docs (STD 213-A & Exhibit E for accuracy)
 - Prints, Signs STD 213-A (2 copies) & initials Exhibit E
 - Mails to HCFC with wet signatures
- EXPECT:** Email confirmation when HCFC receives mailed documents

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HCFC

- Reviews documents
 - Sends for final approval to BCSH agency
- EXPECT:** An email with scanned copies of the amendment approval letter, fully executed STD 213-A, and fully executed Exhibit E attached

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Change Request Form

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
HOMELESS COORDINATING AND FINANCING COUNCIL (REV #19)
915 Capitol Mall, Suite 350-A
Sacramento, CA 95814
Phone: (916) 653-4990
Fax: (916) 653-3815



HOMELESS EMERGENCY AID PROGRAM CHANGE REQUEST FORM

Contract Number:

Invoice Number:

Grantee Name:

Address:

City:

State & Zip:

Request Date:

Contact Person:

Contact Person Title:

E-mail:

Phone No.:

HOMELESS EMERGENCY AID EXPENDITURES

BUDGET DETAIL EXHIBIT B		
Proposed Activities	Approved Budget	Proposed Revised Budget
Services		
Rental Assistance or Subsidies		
Capital Improvements		
Homeless Youth Set-Aside		
Administrative Costs		
Other: _____		
Other: _____		
TOTAL:	\$ 0.00	\$ 0.00

EXPLANATION OF CHANGE REQUESTED

Please provide a brief explanation of the proposed revised budget. Be advised that changes to the budget must comply with all statutory requirements, including the requirement that awards/expenditures must be in jurisdictions that have declared a shelter crisis at the time of the original grant award, unless a waiver was approved.

Name and Title of Authorized Person

Date:

Signature of Authorized Person

Date:

Contract Number &
Invoice Number
(these are the same)

Make sure the totals in
the approved and
requested columns
match exactly

The individual signing this
form must be an authorized
representative or signatory.
Please see slide 5 for more
info...

Include in this
explanation **explicitly**
why this change is
necessary based on
newly identified gaps
or trends.

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Receiving Final Approval



Date

Authorized Signatory
Address Block

**RE: Standard Agreement Amendment – Large City/Continuum of Care
Contract #18-HEAP-XXXXX: Standard Agreement Amendment-Exhibit E**

Dear Authorized Signatory:

The Business, Consumer Services and Housing Agency (BCSH) Homeless Coordinating and Financing Council received a request on **Date** from **Administrative Entity X** to amend Exhibit **X**, Section **X**. Based on a review of the documents submitted, BCSH is authorizing this revision.

Please find the fully executed STD 213-A Standard Agreement Amendment and Standard Agreement Exhibit E enclosed. The amended contract is effective as of **Effective Date**.

Once HCFC receives wet signatures on 213-A and Exhibit E, HCFC will send the documents for final approval and signature to BCSH agency.

****Please Note: Change Request is considered approved once all documents are completed and signed by BCSH agency and Grantee. Grantees will receive an emailed letter identifying date of approval.**

ADDITIONAL RESOURCE: Authorized Signatories Form



Application Number:

Application number will be sent as part of the confirmation email after submitting the electronic HEAP application.

**HOMELESS EMERGENCY AID PROGRAM
Authorized Signatories Form**

Date:

GRANTEE INFORMATION

Entity Name: Authorized Representative:

Form Instructions: Eligible applicants for HEAP funds are the Administrative Entities (Continuums of Care and large cities) as defined in Health and Safety Code Section Code 50210. By signing and submitting this document, the authorized representative is certifying that the approved signatory(ies) below are authorized to sign the standard agreement and related documents on behalf of the specified Administrative Entity. You will receive an application number after submitting your electronic application. Please attach this completed form with the rest of the required supplemental documents as a reply to your confirmation email. **These supplemental documents are required in order for the application to be deemed complete.**

In the space provided below, fill in the name, position/title and signature of all of the individuals who are authorized to sign all applicable HEAP documents in lieu of the authorized representative, including (but not limited to):

- 1) HEAP Standard Agreement
- 2) STD 204 form (for nongovernmental entities)
- 3) GovTIN form (for governmental entities)
- 4) Shelter crisis declaration waiver (if applicable)

Number	Name of Approved Signatory	Position / Title	Signature
1			
2			
3			

Note: This form must be updated by the Administrative Entity whenever the authorized representative or approved signatory changes. The updated information must include the name, position/title and signature of the newly approved signatory. Please forward supporting documentation noticing

An authorized representative or signatory listed on file must sign the STD 213-A and initial Exhibit E. If you need to update or add a new authorized signatory, please complete and submit a new Authorized Signatories Form (form can be found on [HEAP's webpage](#)).

