



EMPLOYMENT &  
HUMAN SERVICES

## MEMORANDUM

Kathy Gallagher, Director

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To: All Staff, 2A

Date: February 23, 2022

From: EHSD Contracts and Grants Division

Subject: Revised Request for Contract Unit Services Form CG3

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This memo is to notify staff involved in EHSD's contracting process that the Request for Contract Unit Services Form CG3 has been revised and is available for immediate use. The updated CG3 can be accessed via STARS or on the shared drive [[G:\Contracts Documentation Resources](#)].

The CG3 is utilized for requesting contract services, such as a request for proposals (RFP), board orders, new contracts, amendments, and/or renewals.

Some important revisions include:

- Indicating the RFI/RFP# the new contract is based on;
- Identifying if the Contractor has employees to support Worker's Compensation requirements;
- Indicating if the Contract has California Department of Social Services (CDSS/MPP) funding;
- Indicating if a Subrecipient/Contractor Determination Checklist is required;
- Indicating if Federal Subaward Conditions are required; and
- Identifying Special Conditions.

Requests for contract services must be emailed to [EHSDContractAdministrator@ehsd.cccounty.us](mailto:EHSDContractAdministrator@ehsd.cccounty.us) with a completed CG3 and supporting documentation to initiate the contract process.

Prior versions of the CG3 will be accepted for submission to the Contracts Administrator until March 15, 2022. Questions regarding the CG3 may be directed to the EHSD Contracts Administrator, Elaine Burres [eburres@ehsd.cccounty.us](mailto:eburres@ehsd.cccounty.us) and/or Division Manager, Nancy Hager [nhager@ehsd.cccounty.us](mailto:nhager@ehsd.cccounty.us).

**SECTION I: TYPE OF REQUEST** (Check & Complete Applicable Information)

- New Contract (Eff. \_\_\_\_ thru \_\_\_\_ ) derived from RFI/RFP# \_\_\_\_
- New Inter Dept. Agreement (Eff. \_\_\_\_ thru \_\_\_\_ )
- Change in Existing Contract / Agreement No. \_\_\_\_
  - Renewal  Amendment  Extension  Termination
  - Effective: \_\_\_\_ thru \_\_\_\_
- Board Order/Resolution  
(If prior Board action relevant, indicate Ref. # or date: \_\_\_\_ )
- Request for Proposal (RFP)  Request for Interest (RFI)
- Legal Notice

State / Federal Contract, Grant, Application, Information: <input type="checkbox"/> New (Eff. ____ thru ____ ) <input type="checkbox"/> Existing: County No. ____ State / Fed No. ____ <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal <input type="checkbox"/> Termination
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Date: ____ Bureau: Choose an item. Requested by (Program): ____ Phone: ____
Fund/Org#: ____ Account #: ____ Other/Object Code #: ____ CFDA/AL #: ____ Fiscal by: ____ Phone: ____
<b>For Contracts &amp; Grants Use Only</b> Number: ____ Analyst: ____ Date: ____ <input type="checkbox"/> Small Business Enterprise (SBE)

**SECTION II: CONTRACTOR / AGREEMENT IDENTIFICATION**

Contractor: ____ Legal Capacity: ____ Taxpayer ID No.: ____ Address: ____ City: ____ State: ____ Zip: ____ <input type="checkbox"/> Does Contractor have employees? If yes, workers comp insurance required.	<b>Contractor's Point of Contact</b> Name: ____ Title: ____ Phone: ____ E-mail: ____
<b>Contractor's Admin/Fiscal</b> Name: ____ Title: ____ Phone: ____ E-mail: ____	<b>Contractor's Program Person</b> Name: ____ Title: ____ Phone: ____ E-mail: ____

**Signatories for corporations and limited liability co. (s):** (Signatures A & B are required)

<b>A. Choose an item.</b> Name: ____ Email: ____ Phone: ____	<b>B. Choose an item.</b> Name: ____ Email: ____ Phone: ____
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\*Alternates require an explanation in the comments. Must indicate whether a board resolution/email from the contractor was received indicating this person is authorized to sign the contract.

Comments: \_\_\_\_

**SECTION III: SPECIFICATIONS:**

A. BRIEF PROGRAM / PROJECT / SERVICE DESCRIPTION – Required Information: \_\_\_\_

**B. FUNDING**

1. Budget: Total Payment Limit \$ \_\_\_\_\_ - Required Budget  
 If Amendment or Extension: Amount of  Increase /  Decrease \$ \_\_\_\_\_
2. Method of Payment
  - a. \$ \_\_\_\_ monthly, or
  - b. \$ \_\_\_\_ per unit, as defined in Service Plan, or
  - c. An amount equal to Contractor's allowable costs that are actually incurred each month, but subject to the "Budget of Estimated Program Expenditures" included in the Service Plan, or
  - d. To be set forth in the Service Plan
3. Funding Source: County \$ \_\_\_\_ (\_\_\_\_%) State \$ \_\_\_\_ (\_\_\_\_%) Federal \$ \_\_\_\_ (\_\_\_\_%)  
 Other \$ \_\_\_\_ (\_\_\_\_%)
4. California Department of Social Services (CDSS/MPP)  Yes  No

C. REGULATORY REQUIREMENTS:

- 1.  Subrecipient/Contractor Determination Checklist  Federal Subaward Conditions
- 2.  Specify required Special Conditions: \_\_\_\_\_
- 3.  Client Personal Identifying Information (PII) is accessible via one of the following programs - Select program(s): [Choose an item.](#) - Information Security Addendum is required ([link](#))

**SECTION IV: CG-10 APPROVAL ROUTING**

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SEND CG-10 TO: Specify: \_\_\_\_\_

\*At minimum, the Requestor (Program) and Fiscal Analyst is required to review and approve the CG-10.

**SECTION V: INTERNAL CONTRACT DISTRIBUTION**

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SEND FINAL COPIES TO: Specify: \_\_\_\_\_

\*Final copies of the contract are automatically sent to the Requestor (Program), Fiscal Analyst and the Contractor.

**SECTION VI: ADDITIONAL INFORMATION, IF NEEDED**

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Comments: \_\_\_\_\_