

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 12/04/2024

Need Date: 12/18/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kristy Fackrell
Phone: x6919
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.12.03 16:36:54 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Compassion Valley LLC
Address: 5410 White Lotus Way
Elk Grove, California 95757
Phone: 530-888-5000
Org Code: 5310100
Project String
(if applicable): 53TRADRES-53P41135-50500-WS

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal review
Description: Amending to increase maximum obligation by \$900,000 for total NTE of \$1,500,000 and update standard contract provision
Contract Term: 7/1/2023 - 6/30/2026 with option to extend to 6/30/2027 Contract Value: \$1,500,000

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

Approved: ☒ Disapproved: ☐ Date: 12/16/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.12.16 12:49:08 -08'00'
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: Sera Salmanyan
Digitally signed by Sera Salmanyan
Date: 2025.01.03 13:45:21 -08'00'

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

Approved: ☐ Disapproved: ☐ Date: _____ By: _____
Approved: ☒ Disapproved: ☐ Date: 01/02/2025 By: Jordan A. Brown
Digitally signed by Jordan A. Brown
Date: 2025.01.02 13:22:41 -08'00'

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

Departments: _____
Approved: ☐ Disapproved: ☐ Date: _____ By: _____
Approved: ☐ Disapproved: ☐ Date: _____ By: _____

PLEASE EMAIL SIGNED DOCUMENT TO:

THANK YOU!