

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/01/2024

Need Date: 05/06/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kiera Garcia
Phone: x6923
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.04.26 11:31:11 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Upper Room Dining Hall
Address: 1868 Broadway
Placerville, California 95667
Phone: _____
Org Code: 5211
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA

Service Requested: Review of Amendment I to Agreement #6783

Description: Amending to extend term by 90 days and increase NTE an additional \$94,230

Contract Term: 1/10/23-10/7/24 Contract Value: \$659,610

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

Approved: Disapproved: Date: 05/01/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.05.01 15:03:40 -07'00'
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: Misty Garcia
Digitally signed by Misty Garcia
Date: 2024.05.14 09:53:53 -07'00'

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

Approved: Disapproved: Date: 05/14/2024 By: Lavleen K. Cheema
Digitally signed by Lavleen K. Cheema
Date: 2024.05.14 09:39:12 -07'00'
Approved: Disapproved: Date: _____ By: _____

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: