

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 08/16/2023

Need Date: 08/17/2023

**PROCESSING DEPARTMENT:**

Department: HHS  
Dept. Contact: Darci Prall  
Phone: x7373  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.08.17 09:48:00 -07'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Interface Children & Family Services  
Address: 4001 Mission Oaks Blvd, Suite I  
Camarillo, CA 93012  
Phone: \_\_\_\_\_  
Org Code: 5100000  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHS

Service Requested: Review of Amendment Resubmit = Draft 08.18.23 changes to Compensation Article & NTE

Description: A1= extend term for 90 days and update and add any current articles

Contract Term: 09/01/2021-11/29/2023 Contract Value: 240,019.32

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

Approved:  Disapproved:  Date: 08/17/2023 By: Daniel Vandekoolwyk  
Digitally signed by Daniel Vandekoolwyk  
Date: 2023.08.17 15:35:20 -07'00'  
Approved:  Disapproved:  Date: 8/23/23 By: Daniel Vandekoolwyk  
Digitally signed by Daniel Vandekoolwyk  
Date: 2023.08.23 07:56:41 -07'00'  
Current #5792 approved 07/27/21

**COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Sera Salmalyan  
Digitally signed by Sera Salmalyan  
Date: 2023.08.17 17:02:40 -07'00'

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

Approved:  Disapproved:  Date: 08/17/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.08.17 16:08:54 -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 FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**

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Phone: \_\_\_\_\_  
Org Code: 5100000  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review of Amendment

Description: A1= extend term for 90 days and update and add any current articles

Contract Term: 09/01/2021-11/29/2023 Contract Value: \$216,215.00 No Change

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

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