

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/18/2020

Need Date: 05/20/2020

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Ashley Wells
Phone: x6906
Department: Yvonne
Head Signature: Kollings, CFO
Digitally signed by Yvonne Kollings, CFO
DN: cn=Yvonne Kollings, CFO, o=El Dorado
County, ou=HHS, email=yvonne.kollings@edcgov.us, c=US
Date: 2020.05.06 15:56:25 -0700
Yvonne Kollings, CFO

CONTRACTOR:

Name: Sierra Child & Family Services
Address: 4250 Fowler Lane, Suite 204
Diamond Springs, CA 95619
Phone: 539-626-3105
Org Code: 5310
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHS - Behavioral Health

Service Requested: Agreement for Services
Description: Student Outreach and Engagement Centers and Mental Health Supports at EDUHSD Sites
Contract Term: 10/22/19 - 06/30/21 - No Change Contract Value: +\$42k = \$478,000.00

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

Approved: Disapproved: Date: 05/14/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.05.14 11:27:33 -0700
Approved: Disapproved: Date: 05/20/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.05.20 13:03:26 -0700

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2020.05.29 09:27:09 -0700

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

Approved: Disapproved: Date: 06/02/2020 By: SCHROEDER.ROBE
RT.R.1188050227
Digitally signed by
SCHROEDER.ROBERT #1.1188050227
Date: 2020.06.02 15:50:38 -0700
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 Thank you!