

Agreement # 7565 - Amendment # II Legistar # _____

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 10/07/2024

Need Date: 10/14/2024

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Tania Donnelly
Phone: 530-621-6636
Department: Monica
Head Signature: Ferguson

Digitally signed by Monica Ferguson
Date: 2024.10.07 10:17:14 -0700

CONTRACTOR:

Name: JS MD Sigma
Address: _____
Phone: _____
Org Code: 2410
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Review and Approval
Description: Amendment to change ownership name
Contract Term: 3/21/23-3/20/26 Contract Value: \$115,000

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

Approved: Disapproved: Date: 10/15/2024 By: Stephen Mansell
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Stephen Mansell
Date: 2024.10.15 11:37:47 -0700

Approved as revised by SLM on 10/15/2024.

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Sera Salmany an

Digitally signed by Sera Salmany an
Date: 2024.10.16 12:12:18 -0700

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

Approved: Disapproved: Date: 10/16/2024 By: Lavleen K. Cheema
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Lavleen K. Cheema
Date: 2024.10.16 11:39:48 -0700

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!