

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 10/09/2023

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: HHSA  
Dept. Contact: Brian Michaelson  
Phone: X6922  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.10.12 08:14:33 -07'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Sierra Child & Family Services  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 5310  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Legal Review of amendment

Description: Specialty Mental Health Services agreement

Contract Term: 7/1/23-12/31/24

Contract Value: 3,255,000

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

Approved:  Disapproved:  Date: 11/07/2023 By: Daniel Vandekoolwyk  
Digitally signed by Daniel Vandekoolwyk  
Date: 2023.11.07 11:00:54 -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 Salmalyan

Digitally signed by Sera Salmalyan  
Date: 2023.11.15 09:27:16 -08'00'

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

Approved:  Disapproved:  Date: 11/08/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.11.08 12:08:11 -08'00'  
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: \_\_\_\_\_

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 10/30/2023

Need Date: 11/15/2023

**PROCESSING DEPARTMENT:**

Department: HHS  
Dept. Contact: Brian Michaelson  
Phone: X 6922  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.10.31 12:39:21 -07'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: STANFORD YOUTH SOLUTIONS  
Address: 8912 Volunteer Lane  
Sacramento, CA 95826  
Phone: \_\_\_\_\_  
Org Code: 5310  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHS

Service Requested: Amendment Review  
Description: SMHS Agreement Amendment to 7944  
Contract Term: Execution through 12/31/24 Contract Value: \$2,015,004

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

Approved:  Disapproved:  Date: 11/07/2023 By: Daniel Vandekoolwyk  
Digitally signed by Daniel Vandekoolwyk  
Date: 2023.11.07 10:38:13 -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 Salmalyan  
Digitally signed by Sera Salmalyan  
Date: 2023.11.15 09:26:22 -08'00'

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

Approved:  Disapproved:  Date: 11/08/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.11.08 12:06:15 -08'00'  
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: \_\_\_\_\_

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/01/2023

Need Date: 11/17/2023

### PROCESSING DEPARTMENT:

Department: HHSA  
Dept. Contact: Brian Michaelson  
Phone: x 6922  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.11.03 14:06:21 -07'00'  
Alisha Bryden  
Administrative Analyst Supervisor

### CONTRACTOR:

Name: Summitview Child & Family Services  
Address: 670 Placerville Dr., Suite 2  
Placerville, CA 95667  
Phone: \_\_\_\_\_  
Org Code: \_\_\_\_\_  
Project String (if applicable): \_\_\_\_\_

### CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Services Review  
Description: SMHS Agreement  
Contract Term: 7/1/23-12/31/24 Contract Value: \$2,092,500

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

Approved:  Disapproved:  Date: 11/07/2023 By: Daniel Vandekoolwyk  
Digitally signed by Daniel Vandekoolwyk  
Date: 2023.11.07 10:53:07 -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 Salmalyan  
Digitally signed by Sera Salmalyan  
Date: 2023.11.15 09:28:25 -08'00'

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

Approved:  Disapproved:  Date: 11/08/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.11.08 18:14:29 -08'00'  
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: \_\_\_\_\_

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/01/2023

Need Date: \_\_\_\_\_

### PROCESSING DEPARTMENT:

Department: HHSA  
Dept. Contact: Brian Michaelson  
Phone: x 6922  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.11.22 09:27:57 -08'00'  
Alisha Bryden  
Administrative Analyst Supervisor

### CONTRACTOR:

Name: Summitview Child & Family Services  
Address: 670 Placerville Dr., Suite 2  
Placerville, CA 95667  
Phone: \_\_\_\_\_  
Org Code: 5310  
Project String  
(if applicable): \_\_\_\_\_

### CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Services Review  
Description: SMHS Agreement  
Contract Term: 7/1/23-12/31/24 Contract Value: \$2,325,000

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

Approved:  Disapproved:  Date: 11/16/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.11.16 14:47:01 -08'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

\* Revised edits of 11/16/23

**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: 2023.11.16 16:11:25 -08'00'

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

Approved:  Disapproved:  Date: 11/16/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.11.16 15:44:27 -08'00'  
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: \_\_\_\_\_

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/09/2023

Need Date: 11/09/2023

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Alisha Bryden  
Phone: X 7317  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.11.09 12:12:54 -08'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: New Morning Youth and Family  
Address: 765 Green Valley Road,  
Placerville, California 95667  
Phone: \_\_\_\_\_  
Org Code: 5320  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Service Requested: Amendment Review for Specialty Mental Health Services (SMHS) youth services  
Description: Amendment I to Contract 7928 for SMHS youth services  
Contract Term: July 1, 2023, through December 31, 2024. Contract Value: \$775,008

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

Approved:  Disapproved:  Date: 11/09/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.11.09 15:48:29 -08'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

RUSH Request due to launch in Legistar 11/9/23

**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: 2023.11.30 09:22:14 -08'00'

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

Approved:  Disapproved:  Date: 11/30/2023 By: malda  
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:

THANK YOU!