

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 08/01/2022

Need Date: 08/12/2022

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Darci Prall
Phone: x7373
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.08.01 14:29:41 -07'00'
Kimberly McAdams,
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Patagonia Health Inc
Address: 1510 Weston Parkway, STE 204
Cary, NC 27513
Phone: _____
Org Code: 5430
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: A3 = increase NTE by \$275,000 (NTE \$10,027,071), no change to term
Description: Public Health Nurse Electronic patient records and medical billing software.
Contract Term: 12/13/16-12/31/26 (no change) Contract Value: \$10,027,071

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

Approved: Disapproved: Date: 08/05/2022 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2022/08/05 16:35:10 -07'00'

Original approved 10/27/2016, A1 approved 07/21/2021, A2 approved 10/18/2021
*Original 12/13/16-12/12/21 \$315,475 #16-1192 12/13/16
*A1 = expand Serv, add \$150K, (NTE \$465,475) #21-1159 9/21/21 *A2 = add \$286,595, extend 5 yrs 01/01/22-12/31/26 (NTE \$752,071) #21-0946 11/16/21

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Sera Salmanyam
Digitally signed by Sera Salmanyam
Date: 2022.08.15 08:57:45 -07'00'

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

Approved: Disapproved: Date: 08/09/2022 By: Michael Andersen
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Michael Andersen
Date: 2022/08/09 09:29:07 -07'00'

Original approved 10/31/2016, A1 approved 07/27/2021, A2 approved 10/21/2021 - *No insurance provisions

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!