

**RUSH!**

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/19/19

Need Date: 11/22/19 ASAP!

**PROCESSING DEPARTMENT:**

Department: HHSA  
Dept. Contact: Lisa Konyecsni  
Phone: Ext. 6901  
Department  
Head Signature: *[Signature]*  
Donald Semon, Director

**CONTRACTOR:**

Name: Susan Stoeffler, MFT  
Address: 312 Main St., Ste 203  
Placerville, CA 95667  
Phone: \_\_\_\_\_  
Org Code: 5130

Auditor/Controller Notified     N/A – Under \$100k

(completed on 4/29/19 with AMD 1)

**CONTRACTING DEPARTMENT:** HHSA- Child Welfare Services

Service Requested: Therapeutic Counseling

Contract Term: 6/13/17 – 02/28/21 (new)      Contract Value: \$205,477 (no change) \$140,000  
12/31/19 (current)

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

Approved: X      Disapproved: \_\_\_\_\_      Date: 11/20/19      By: *[Signature]*  
Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_      Date: \_\_\_\_\_      By: \_\_\_\_\_

**HR APPROVAL:**

Compliance with Human Resources requirements?      Yes       No: \_\_\_\_\_

Compliance verified by: *[Signature]* 11/22/19 Lauren Montalvo

**EDC COUNTY COUNSEL**  
**2019 NOV 19 PM 2:49**

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

Approved: ✓      Disapproved: \_\_\_\_\_      Date: 11/21/19      By: *[Signature]*  
Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_      Date: \_\_\_\_\_      By: \_\_\_\_\_

NEED Indemnification - PER LISA Konyecsni Ind in  
the original underlying contract. This is contract extension

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)

Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_      Date: \_\_\_\_\_      By: \_\_\_\_\_  
Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_      Date: \_\_\_\_\_      By: \_\_\_\_\_

**PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!**