

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health & Human Svcs
Dept. Contact: Darci Prall *DP*
Phone: 642-7373
Department Head Signature: *Don Semon*
Don Semon, Director

CONTRACTOR:

Name: Black Oak Mine USD
Address: 6540 Wentworth Springs Rd
Georgetown, CA 95634
Phone: _____
Org Code: 5310

Auditor/Controller Notified *4-3-19 yes!*

CONTRACTING DEPARTMENT: Health & Human Service Agency

Service Requested: MHSA Primary Intervention Program for elementary school children
Contract Term: Original 07/01/16 – 06/30/19 Contract Value: Original \$231,000
AMDT I = extend 1 yr 06/30/20 AMDT I \$ 77,000
NTE\$ = \$308,000

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

Approved: X Disapproved: _____ Date: 4/10/19 By: *PSB*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNCIL
2019 APR 15 AM 11:30

HR APPROVAL:

Compliance with Human Resources requirements? Yes No: _____
Compliance verified by: *PSB 4/10/19*

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

Approved: X Disapproved: _____ Date: 4/15/19 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

AM 9:50 HR/RM APR 12 '19

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

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