

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 09/12/2024

Need Date: 09/17/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kristy Fackrell
Phone: x6919
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.08.19 15:20:47 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Sierra Child and Family Services, Inc.
Address: 4250 Fowler Lane Suite 204
Diamond Springs, CA 95619
Phone: 530-919-1083
Org Code: 5310 BH Mental Health MHSA
Project String
(if applicable): 53TRADOTP-5352010OTP-50400-WS 53TRADOTP-5352026OTP-50400-WS 53TRADOTP-53

CONTRACTING DEPARTMENT: HNSA

Service Requested: Legal Review of Amendment

Description: Add option to extend term for one (1) additional year. Increase maximum obligation for initial term and increase total maximum obligation if extension is granted.

Contract Term: 7/1/2023-12/31/2024 with option to extend one (1) additional year to 12/31/2025 Contract Value: \$3,282,053

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

Approved: Disapproved: Date: 09/04/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.09.04 14:53:56 -07'00'
Approved: Disapproved: Date: _____ By: _____

with edits noted in email.

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: 2024.09.20 09:25:03 -07'00'

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

Approved: Disapproved: Date: 09/20/2024 By: Amanda Magnuson
Digitally signed by Amanda Magnuson
Date: 2024.09.20 08:19 -07'00'
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: _____

PLEASE EMAIL SIGNED DOCUMENT TO: