

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 07/08/2022

Need Date: 07/15/2022

PROCESSING DEPARTMENT:

Department: HSA - Contracts
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.07.08 13:43:53 -07'00'
Kimberly McAdams
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Granite Wellness Centers
Address: 180 Sierra College Drive
Grass Valley, CA 95945
Phone: _____
Org Code: 5320200
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health - Substance Use Disorder Program

Service Requested: Amd to Agreement for Services

Description: DMC-ODS Services

Contract Term: 07/01/21 - 06/30/24 (+1 year) Contract Value: +\$822,019 = \$2,466,057

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

Approved: Disapproved: Date: 07/12/2022 By: Janeth SanPedro
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Janeth SanPedro
Date: 2022.07.12 12:47:46 -07'00'

With edits as noted. -jds

Changes incorporated. -amw

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: _____

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

Approved: Disapproved: Date: _____ By: _____

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: _____