

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/28/2021

Need Date: 02/12/2021

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Zhana Mc Cullough  
Phone: Ext. 7154  
Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.01.28 16:12:30  
-08'00'  
MBA CPA  
Nita Wracker, CFO  
Health and Human Services Agency

**CONTRACTOR:**

Name: Ellis Planning Associates, Inc.  
Address: 10574 Boulder Street  
Nevada City, CA 95959  
Phone: \_\_\_\_\_  
Org Code: 5440  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Review Amendment 1 to Agreement 2892

Description: Extends term, modifies scope of work, and includes new/updated language.

Contract Term: 07/01/2018 - 12/31/21 (extended 6 months) Contract Value: \$62,532 (no change)

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

Approved:  Disapproved:  Date: 02/17/2021 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2021.02.17 11:32:21 -08'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Lauren Montalvo  
Digitally signed by Lauren Montalvo  
Date: 2021.02.18 16:25:08 -08'00'

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

Approved:  Disapproved:  Date: 02/10/2021 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2021.02.17 16:58:24 -08'00'  
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: \_\_\_\_\_