

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/16/19

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Health & Human Svcs
Dept. Contact: Darci Prall
Phone: 642-7373
Department Head Signature: [Signature]
Donald Semon, Director

CONTRACTOR:

Name: CFMG
Address: 2511 Garden Road, Suite A160
Monterey, CA 93940
Phone: _____
Org Code: 5460

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

CONTRACTING DEPARTMENT: Health & Human Svcs, Sheriff, & Probation

Service Requested: Original: Medical/Dental/Mental Health Services for County Detention Facility
AMDT I: Change to Service Provisions, Compensation and exhibits due to
closure of Placerville Juvenile Hall

Contract Term: Original: 01/01/19 - 12/31/23 Contract Value: Original: \$21,967,666.43
AMDT I: No Change AMDT I: ~~(\$440,907.57)~~ (418,096.29)
NTE: ~~\$21,526,758.85~~ \$21,549,570.1

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

Approved: Disapproved: _____ Date: 5/17/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

2019 MAY 16 PM 2:00
DORADO COUNTY COUNSEL

HR APPROVAL:

Compliance with Human Resources requirements? Yes No: _____
Compliance verified by: [Signature] 5/23/19

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

Approved: Disapproved: _____ Date: 5/20/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

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

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

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

Approved: [Signature] Disapproved: _____ Date: 10/17/19 By: Sheriff
Approved: _____ Disapproved: _____ Date: _____ By: _____
Sheriff's Office

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Approved: [Signature] Disapproved: _____ Date: 10/15/2019 By: ANDREW CRAVEN
Approved: _____ Disapproved: _____ Date: _____ By: DEPUTY CHIEF
Probation Department

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