

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: HHSA- Contracts
Dept. Contact: Brian Michaelson
Phone: X 6922
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.12.27 11:13:18 -08'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: Maximus Human Services
Address: 1891 Metro Center Dr.
Reston VA 20190
Phone: 415-557-5942
Org Code: 5110100
Project String
(if applicable): 51ADMIN-51Y-OPW-05960031

CONTRACTING DEPARTMENT: HHSA- Social Services

Service Requested: Amendment review

Description: Amendment to add co location language

Contract Term: 7/22/22-6/30/24 (No Change) Contract Value: +\$45,000 new total \$95,000

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

Approved: Disapproved: Date: 01/26/2023 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2023.01.26 10:41:11 -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: Sera Salmalyan
Digitally signed by Sera Salmalyan
Date: 2023.01.30 16:16:08 -08'00'

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

Approved: Disapproved: Date: 01/30/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.01.30 16:00:14 -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: _____