

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/01/2024

Need Date: 04/23/2024

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Courtney Jenkins  
Phone: x7154  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2024.04.08 16:30:15 -07'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Child Advocates of El Dorado County (CASA)  
Address: 347 Main Street  
Placerville CA 95667  
Phone: \_\_\_\_\_  
Org Code: 5400  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA

Service Requested: Legal Review  
Description: Term Extension and update to County language  
Contract Term: 7/18/23 - 6/30/25 (Option to Extend +1yr) Contract Value: No Change (\$75,000)

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

Approved:  Disapproved:  Date: 04/23/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.04.23 14:49:53 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

with edits as noted in email.

**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: 05/03/2024 By: Lavleen K. Cheema  
Digitally signed by Lavleen K. Cheema  
Date: 2024.05.03 16:35:24 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

It is recommended to update the Indemnity provisions with the most recent County standard language.

**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: