	Agreement # 6705	Amendment	# <u>1</u> Legistar # <u>24-0797</u>	
C	ONTRACT AMEND	MENT ROU	TING SHEET	
Date Prepared:	04/25/2024	Need Date:		
PROCESSING D Department:	EPARTMENT: Health and Human Services Agency	CONTRACT	CONTRACTOR: Name: Inland Southern California 211+	
Dept. Contact: Phone: Department Head Signature:	Brian Michaelson	Address:	9624 Hermosa Ave	
	Brian Michaelson Digitally signed by Alisha	- Dhana	Rancho Cucamonga, CA 91730	
	Alisha Bryden Bryden Date: 2024.04.25 12:58:50 -07'00'	Phone:	909-980-2857	
	Alisha Bryden	Org Code:	5130	
	Administrative Analyst Supervisor	Project String (if applicable):		
CONTRACTING				
Service Requested: Contract draft review, inland Southern California 211+				
Description: After hours phone service Contract Term: 4/10/23-4/9/26 Contract Value: \$450,000 adding \$350,000				
Approved:	SEL: (must approve all contraction of the contract	its and MOU's) Date:Date:	By: Nicole Wright Dotally spred by Necda Wright Date: 2024 05.01 14.43284 - 077807 By:	
HR APPROVAL: Compliance with Compliance verifi	Human Resources requirement ed by: Lauren Montalvo IENT APPROVAL: (all contract of the contra	rs? Yes:	tally signed by Lauren Montalvo 2: 2024.05.06 08:34:33 -0700'	

THANK YOU!

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

Date:

Date:

Disapproved:

Disapproved:

PLEASE EMAIL SIGNED DOCUMENT TO:

Departments:

Approved:

Approved:

By:

By: _