

Agreement # 407 - Amendment # 1 Registrar # 21-1159

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 07/29/2021

Need Date: 08/02/2021

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.07.28 16:40:11
-07'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Patagonia Health, Inc.
Address: 15100 Weston Parkway, Suite 204
Cary, NC 27513
Phone: _____
Org Code: 5430
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHS - Public Health

Service Requested: Agreement for Services

Description: Electronic Health Record

Contract Term: 12/13/16 - 12/12/21 (no change) Contract Value: approx. +\$84,525 = \$400,000

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

Approved: Disapproved: Date: 08/04/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.08.04 15:30:37 -07'00'
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: 2021.08.17 10:02:03 -07'00'

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

Approved: Disapproved: Date: 08/16/2021 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2021.08.16 12:22:50 -07'00'
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: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 07/08/2021

Need Date: 07/15/2021

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.07.08 10:28:08
-07'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Patagonia Health, Inc.
Address: 15100 Weston Parkway, Suite 204
Cary, NC 27513
Phone: _____
Org Code: 5430
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHS - Public Health

Service Requested: Agreement for Services

Description: Electronic Health Record

Contract Term: 12/13/16 - 12/12/21 (no change) Contract Value: +\$18k = \$333,475

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

Approved: Disapproved: Date: 07/21/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.07.21 15:29:07 -07'00'
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: 2021.07.29 10:57:29 -07'00'

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

Approved: Disapproved: Date: 07/27/2021 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2021.07.27 12:23:35 -07'00'
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: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!