

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/29/2021

Need Date: 02/04/2021

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Lisa Konyecsni  
Phone: 6901  
Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.01.29 11:35:13  
-08'00'  
Nita Wracker, CFO

**CONTRACTOR:**

Name: New Morning Youth & Family Svcs.  
Address: 6765 Green Vally Rd.  
Placerville, CA 95667  
Phone: \_\_\_\_\_  
Org Code: 5320 & 5310  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency - Behavioral Health Division

Service Requested: Legal review of amendment

Description: Amendment to increase the maximum obligation

Contract Term: 01/01/19 - 06/30/21 (no change) Contract Value: \$450,170 (current) \$598,676 (new)

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

Approved:  Disapproved:  Date: 02/05/2021 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2021.02.05 11:58:10 -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: Lauren Montalvo  
Digitally signed by Lauren Montalvo  
Date: 2021.02.05 17:32:12 -08'00'

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

Approved:  Disapproved:  Date: 02/05/2021 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2021.02.05 13:30:25 -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: \_\_\_\_\_

~~PLEASE EMAIL FOR PICK UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!~~