

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/16/2023

Need Date: 03/24/2023

**PROCESSING DEPARTMENT:**

Department: HSA  
Dept. Contact: Lisa Konyecsni  
Phone: 295-6901  
Department Head Signature: Kristen Gurrola  
Digitally signed by Kristen Gurrola  
Date: 2023.03.17 16:03:57 -07'00'  
Kristen Gurrola  
Program Manager

**CONTRACTOR:**

Name: Advocates for Human Potential  
Address: 490-B Boston Post Rd.  
Sudbury, MA 01776  
Phone: \_\_\_\_\_  
Org Code: 5310100, 5310150  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - Behavioral Health Division

Service Requested: Legal review of Funding-In for Mobile Crisis Implementation

Description: Amendment extends, adds newly awarded funds, and updates the SOW

Contract Term: 9/15/21-12/31/23 (extended to 6/30/25) Contract Value: \$2,172,960 (increased by \$1,972,960)

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

Approved:  Disapproved:  Date: 03/29/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.03.29 15:09:20 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

\* With comments noted 3/29/23

**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: 03/30/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.03.30 14:46:18 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
funding; no insurance clause

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

Departments:  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_