

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/16/2023

Need Date: 03/23/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Alisha Bryden
Phone: x7317
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.03.16 14:25:10 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Bi-Valley Medical Clinic, Inc. dba BAART Programs Carmichael
Address: 1720 Lakepointe Drive, Suite 117
Lewisville, TX 75057
Phone: 916-974-8090 x2180
Org Code: 5330
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Review Agreement for Services Amendment I to 5863

Description: DMC-ODS Youth Narcotic Treatment Program Services (Amends term: Extends term by one year)

Contract Term: Execution - 06/30/24

Contract Value: 400,000

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

Approved: Disapproved: Date: 03/17/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.03.17 10:28:58 -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: _____

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

Approved: Disapproved: Date: 03/16/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.03.16 17:28:01 -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: _____