

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/08/2024

Need Date: 04/30/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Courtney Jenkins
Phone: x7154
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.04.16 09:21:59 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Barton Healthcare System
Address: 2170 South Avenue
South Lake Tahoe, California 96150
Phone: _____
Org Code: 5410
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Amendment 1, Extend Term, Update Standard County Language, Reduce NTE

Contract Term: 5/17/22 - 6/30/25 (Optional Extension to 6/30/26) Contract Value: \$110,701.11

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

Approved: Disapproved: Date: 05/02/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.05.02 12:58:37 -07'00'
Approved: Disapproved: Date: _____ By: _____

with edits as noted in email.

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: 05/10/2024 By: Amanda Magnuson
Digitally signed by Amanda Magnuson
Date: 2024.05.10 15:13:22 -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 SIGNED DOCUMENT TO: