

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/29/2020

Need Date: 06/10/2020

~~Needs to be on the 06-30-2020 Agenda~~

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Zhana Mc Cullough  
Phone: Ext. 7154  
Department Head Signature: Yvonne Kollings, CFO  
Digitally signed by Yvonne Kollings, CFO  
DN: cn=Yvonne Kollings, CFO, o=El Dorado County, ou=HHS, email=yvonne.kollings@edcgov.us, c=US  
Date: 2020.05.28 16:03:47 -0700  
Yvonne Kollings, CFO

**CONTRACTOR:**

Name: CA Mental Health Services Authority  
Address: 3043 Gold Canal Drive, Suite 200  
Rancho Cordova, CA 95670  
Phone: \_\_\_\_\_  
Org Code: 5320  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Health and Human Services Agency

Service Requested: Review of Amendment 1 - increase term of the Agreement.

Description: JPA Participation Agreement - State Hospital Bed Program

Contract Term: 07/01/2019 - 06/30/2021 (changed)

Contract Value: \$1,402/year (unchanged)

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

Approved:  Disapproved:  Date: 06/01/2020 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2020.06.01 13:13:59 -0700  
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: 2020.06.04 11:46:36 -0700

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

Approved:  Disapproved:  Date: 06/02/2020 By: SCHROEDER.ROBE  
Digitally signed by SCHROEDER.ROBE  
RT.R.1188050227  
Date: 2020.06.02 15:24:00 -0700  
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!**