

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/01/2022

Need Date: 11/10/2022

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Darci Prall
Phone: x7373
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.11.02 07:45:55 -07'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: CFMG (Wellpath)
Address: 2511 Graden Road, Suite A160
Monterrey, CA 93940
Phone: _____
Org Code: 5460
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: A2= Compensation increase (Original + A1= \$21,549,570.13, with A2 \$175,515.73)
Description: Medical/Dental/Mental Health Services for County Detention Facilities
Contract Term: 01/01/19-12/31/2023 A2= No change Contract Value: \$21,725,085.86

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

Approved: Disapproved: Date: 11/21/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.11.21 09:44:17 -08'00'
Approved: Disapproved: Date: _____ By: _____
Original approved 12/11/18, A1 approved 05/17/19

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: _____ By: _____
Approved: Disapproved: Date: _____ By: _____
A1 approved 05/20/19

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

Departments: Probation & Sheriff's Department
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____
Probation approved original 12/06/18
Sheriff approved original 12/06/18

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!