

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/31/2024

Need Date: 06/10/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kiera Garcia
Phone: x6923
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.05.14 08:09:29 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Pro-Line Cleaning Services
Address: 4400 Business Dr. Ste 200
Shingle Springs, CA 95682
Phone: _____
Org Code: 5500
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA

Service Requested: Review of Amendment I to Agreement 5855
Description: Amending to extend term by three months and increase NTE to cover extended term
Contract Term: 10/1/21-12/31/24 Contract Value: \$124,548

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

Approved: ☒ Disapproved: ☐ Date: 05/30/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.05.30 15:08:36 -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: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2024.06.03 09:36:26 -07'00'

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

Approved: ☒ Disapproved: ☐ Date: 05/31/2024 By: Amanda Magnuson
Digitally signed by Amanda Magnuson
Date: 2024.05.31 15:04:17 -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:

THANK YOU!