

# REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 09/14/2023

Need Date: 09/21/2023

**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: 2023.09.14 08:46:22 -07'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: County of Nevada  
Address: 950 Maidu Ave  
Nevada City, CA 95959  
Phone: 530-470-2414  
Org Code: 5320  
Project String  
(if applicable): 53TRADPHF-53000-50500-M40000

**CONTRACTING DEPARTMENT:** HNSA

Service Requested: Review of use of PHF revenue Agreement (Amendment I)

Description: Amending to update contract administrator and increase NTE by \$200,000 (NTE total = \$800,000)

Contract Term: 12/5/2023-6/30/2024 Contract Value: \$800,000

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

Approved:  Disapproved:  Date: 09/15/2023 By: Daniel Vandekoolwyk  
Digitally signed by Daniel Vandekoolwyk  
Date: 2023.09.15 09:03:01 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**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: 09/15/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.09.15 16:28:38 -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: \_\_\_\_\_