

# 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: 2024.04.15 13:22:30 -07'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Barton Healthcare System  
Address: 2170 South Avenue  
South Lake Tahoe, California 96150  
Phone: \_\_\_\_\_  
Org Code: 5430  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Legal Review

Description: Amendment 2, Extend Term, Update Standard County Language, Reduce NTE

Contract Term: 4/12/22 - 6/30/25 Contract Value: \$100,000

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

Approved:  Disapproved:  Date: 05/01/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.05.01 15:35:49 -07'00'  
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: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 05/09/2024 By: Lavleen K. Cheema  
Digitally signed by Lavleen K. Cheema  
Date: 2024.05.09 15:51:34 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

It is recommended to update the Indemnity provisions with the most recent County standard language.

**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: