

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 02/26/2024

Need Date: 03/29/2024

**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: 2024.03.06 15:43:51 -08'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: The Boys and Girls Club of lake Tahoe  
Address: 1100 Lyons Avenue  
South Lake Tahoe, California 96150  
Phone: \_\_\_\_\_  
Org Code: 5400  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Legal Review  
Description: Amendment 1, Term Extension and updated HHSA Contract Administrator language  
Contract Term: Upon execution to 7/1/25 (+1 Year Term Extension Option) Contract Value: \$75,000

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

Approved:  Disapproved:  Date: 04/02/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.04.02 15:25:41 -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: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 04/06/2024 By: Lavleen K. Cheema  
Digitally signed by Lavleen K. Cheema  
Date: 2024.04.06 00:13:48 -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:

THANK YOU!