

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 12/04/2019

Need Date: 12/13/2019

PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Darci Prall

Phone: 642-7373

Department Head Signature: 

Donald Semon, Director

CONTRACTOR:

On My Own

Name: Independent Living Services

Address: 6939 Sunrise Blvd, STE 215

Citrus Heights, CA 95610

Phone: _____

Org Code: 5130

Auditor/Controller Notified N/A – Under \$100k

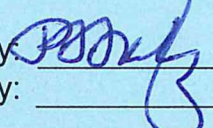
CONTRACTING DEPARTMENT: HHSA

Service Requested: Original: Empowered parenting skill building and independent living skill building
AMDT I: Extend term to 5/31/22 (1 year) and increase NTE to \$120,000 (add \$54,225)

Contract Term: Original: 06/14/18 – 05/31/21
AMDT I: extend term by one year; to 05/31/2022

Contract Value: Original: \$65,775
AMDT I: \$54,225
Total: \$ 120,000

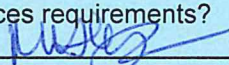
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 12/13/19 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL:

Compliance with Human Resources requirements? Yes X No: _____

Compliance verified by:  12/17/19

PM4:52 HR/RN DEC 13 '19

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

Approved: ✓ Disapproved: _____ Date: 16 Dec 2019 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Approved: ✓ Disapproved: _____ Date: 12/17/19 By:  + HR

Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP... THANKS!