

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/04/2020

Need Date: 05/08/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o=HHSA, ou=Fiscal
Unit, email=yvonne.kollings@edcgov.us,
c=US
Date: 2020.05.05 13:39:47 -07'00'
Yvonne Kollings, CFO

CONTRACTOR:

Name: Mental Health Management I (Canyon Manor)
Address: 6653 Canyon Rd.
Novato, CA 94948
Phone: _____
Org Code: 5320
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency - Behavioral Health Division

Service Requested: Review of Amendment

Description: Mental Health Rehabilitation Center for Adults

Contract Term: 07/01/19 - 06/30/22 (no change) Contract Value: \$495,000(new) \$337,500(current)

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

Approved: Disapproved: Date: 05/11/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.05.11 16:29:24 -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: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2020.05.13 09:53:37 -07'00'

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

Approved: Disapproved: Date: 05/12/2020 By: SCHROEDER.ROBE
Digitally signed by SCHROEDER.ROBE
RT.R.1188050227
Date: 2020.05.12 21:27:15 -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 FOR PICK-UP hhsa-contracts@edcgov.us Thank you!