

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/19/2023

Need Date: 05/05/2023

PROCESSING DEPARTMENT:

Department: HHSA- Contracts
Dept. Contact: Alisha Bryden
Phone: X7317
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.04.19 10:51:15 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: The Center for Violence Free Relationships
Address: 344 Placerville Dr., Suite 11
Placerville, CA 95667
Phone: _____
Org Code: 54400
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHSA- Public Health

Service Requested: Review and Approve Amendment

Description: Domestic violence shelter based program services (agreement extends term for 6 months)

Contract Term: 07/01/2020-12/30/2023 Contract Value: No Change

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

Approved: Disapproved: Date: 04/20/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.04.20 09:22:09 -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: Sera Salmalyan
Digitally signed by Sera Salmalyan
Date: 2023.04.20 15:01:15 -07'00'

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

Approved: Disapproved: Date: 04/20/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.04.20 14:55:27 -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: _____