

# CONTRACT ROUTING SHEET

<sup>8/18/10</sup>  
 Date Prepared: July 29, 2010

Need Date: 9/1/10

**PROCESSING DEPARTMENT:**

Department: Health Svcs - Public Health  
 Dept. Contact: Kathy Lang x 6362  
 2<sup>nd</sup> Contact: Tom Michaelson  
 Department  
 Head Signature: *Neda West*  
 Neda West, Director

**CONTRACTOR:**

Name: Animal Outreach of the Mother Lode  
 Address: 6200 Enterprise Drive, Suite D  
Diamond Springs, CA 95619  
 Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health Services Department

Service Requested: Increase NTE of Agmt to ensure sufficient funds for services  
 Contract Term: 7/1/08 - 6/30/11 Contract Value: \$80,000.00  
 Compliance with Human Resources requirements? Yes  No: \_\_\_\_\_  
 Compliance verified by: Feasibility Analysis Attached

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/19/10 By: *Teri Linderoth*  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Per our conversation, Dept. will add language to the rentals which clarifies that although this Amendment appears retroactive, actually Contractor provided more services for more animals, but did not increase rates. With that clarification, Amendment is fine. one strike*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 8/19/10 By: *[Signature]*  
 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: \_\_\_\_\_

*[Signature]* 8/16/10  
 Program Mgr / date

*[Signature]*  
 Finance / date