

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 07/29/2024

Need Date: 08/02/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kristy Fackrell
Phone: x6919
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.07.29 13:46:46 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: County of _____
Address: _____
Phone: _____
Org Code: 5320
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA- Behavioral Health

Service Requested: Review updated Psychiatric Health Facility (PHF) Boilerplate Template. There is not a specific contract associated with this item.

Description: PHF Boilerplate Agreement needs updates to standard contract provisions. This boilerplate is for contracting with other counties for their use of EDC PHF. The Resolution will supersede 015-2022.

Contract Term: xx/xx/xx- xx/xx/xx Contract Value: _____

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

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

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

Approved: Disapproved: Date: 08/05/2024 By: Amanda Magnuson
Digitally signed by Amanda Magnuson
Date: 2024.08.05 09:49:13 -07'00'
Approved: Disapproved: Date: _____ By: _____

Note: Counsel approved on separate CRS. This Boilerplate Template is revenue-related (funding in) for Use of EDC PHF. This is not a contract amendment.

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: