

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/20/2023

Need Date: 12/18/2023

**PROCESSING DEPARTMENT:**

Department: HHSA  
Dept. Contact: Brian Michaelson  
Phone: X6922  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.12.04 14:24:58 -08'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Telecare Corp. Inc.  
Address: 1080 Marina Village Pkwy.  
Alameda, CA 94501  
Phone: \_\_\_\_\_  
Org Code: 5310  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review of Amendment

Description: Adds funding for incentive payments, updates standard language

Contract Term: no change 1/1/20-12/21/2025 Contract Value: +\$4,728,120 (\$34,878,086 new total)

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

Approved:  Disapproved:  Date: 12/05/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.12.05 08:08:52 -08'00'  
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: Misty Garcia  
Digitally signed by Misty Garcia  
Date: 2023.12.07 16:23:42 -08'00'

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

Approved:  Disapproved:  Date: 12/05/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.12.05 15:24:17 -08'00'  
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: \_\_\_\_\_