

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/14/21

Need Date: 04/23/21

**PROCESSING DEPARTMENT:**

Department: TTC  
Dept. Contact: Beverly Savage  
Phone: X5823  
Department Head Signature: *[Signature]*

**CONTRACTOR:**

Name: Host Compliance - Granicus  
Address: 408 Saint Peter Street, #600  
Saint Paul, MN  
Phone: 754-888-HOST  
Org Code: 0410000

**CONTRACTING DEPARTMENT:** TTC

Service Requested: Monitoring and detection of VHR's  
Contract Term: 7/1/21 through 6/30/22 Contract Value: \$98,855.00

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

Approved: \_\_\_\_\_ Disapproved: X Date: 4/23/21 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Reviewed and sending back to TTC for suggested changes. -SCS  
5/18/21 - Resubmitting with revisions. P. Janay  
Approved as to form 5/19/21 - SCS

COUNSEL -- PLEASE FORWARD TO HR/RISK MANAGEMENT -- THANKS!

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

EDC COUNTY COUNSEL  
2021 APR 15 11:38

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
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: \_\_\_\_\_

EDC COUNTY COUNSEL  
2021 MAY 10 10:01