

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/10/2024

Need Date: 04/30/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
 Dept. Contact: Courtney Jenkins
 Phone: x7154
 Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
 Date: 2024.04.15 15:47:53 -07'00'
Alisha Bryden
 Administrative Analyst Supervisor

CONTRACTOR:

Name: Marshall Medical Center
 Address: 1100 Marshall Way
Placerville, CA 95667
 Phone: _____
 Org Code: 5430
 Project String
 (if applicable): _____

CONTRACTING DEPARTMENT: HHS

Service Requested: Legal Review
 Description: Amendment 1, Extend term to align with Immunization Funding and update standard contract language
 Contract Term: 9/27/22 - 6/30/25 Contract Value: \$350,000 (No Change)

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

Approved: ☒ Disapproved: ☐ Date: 05/01/2024 By: Nicole Wright
Digitally signed by Nicole Wright
 Date: 2024.05.01 15:57:10 -07'00'
 Approved: ☐ Disapproved: ☐ Date: _____ By: _____

with comment as noted in email.

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: 05/09/2024 By: Lavleen K. Cheema
Digitally signed by Lavleen K. Cheema
 Date: 2024.05.09 16:28:29 -07'00'
 Approved: ☐ Disapproved: ☐ Date: _____ By: _____

It is recommended to update the Indemnity provisions with the most recent County standard language.

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:

THANK YOU!