

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/29/2024

Need Date: 02/12/2024

PROCESSING DEPARTMENT:

Department: SHERIFF
Dept. Contact: TANIA DONNELLY
Phone: 530-621-6636
Department _____
Head Signature: _____

CONTRACTOR:

Name: CFMG (WELLPATH)
Address: _____
Phone: _____
Org Code: 2430
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: SHERIFF

Service Requested: REVIEW AND APPROVAL
Description: AMD IV TO INCREASE COMP AND EXTEND TERM
Contract Term: 1/1/19 - 6/30/24 Contract Value: \$25,495,139.50

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

Approved: Disapproved: Date: 02/14/2024 By: Stephen Mansell
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Stephen Mansell
Date: 2024.02.14 15:29:50 -0800

Approved as revised - see attached markup.

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: _____ 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: _____

PLEASE EMAIL SIGNED DOCUMENT TO: