

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/15/2021

Need Date: 01/22/2021

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Ashley Wells
Phone: x6906
Department: Nita Wracker
Head Signature: MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.01.14 16:58:57
-08'00'
Nita Wracker, CFO

CONTRACTOR:

Name: Progress House
Address: P.O. Box 1666
Placerville, CA 95667
Phone: 530-626-9240
Org Code: 5330
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health

Service Requested: Agreement for Services

Description: DMC-ODS Services

Contract Term: 04/21/20 - 06/20/21 (no change) Contract Value: +\$60k = \$1,828,247.00

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

Approved: Disapproved: Date: 01/22/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.01.22 16:48:37 -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: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2021.02.03 11:50:10 -08'00'

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

Approved: Disapproved: Date: 02/03/2021 By: Joseph Carruesco
Digitally signed by Joseph Carruesco
Date: 2021.02.03 11:32:38 -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: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!