

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 10/18/2023

Need Date: 11/01/2023

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.10.18 08:58:04 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Advocates for Human Potential
Address: 490-b Boston Post Rd.
Sudbury, MA 01776-3365
Phone: 978-443-0055
Org Code: _____
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA- Behavioral Health

Service Requested: Legal Review of Funding In agreement

Description: Behavioral Health Bridge Housing Program

Contract Term: 7/23/23-6/30/27 Contract Value: \$3,339,411

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

Approved: Disapproved: Date: 10/18/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.10.18 14:09:43 -07'00'
Approved: Disapproved: Date: _____ By: _____

Note: This agreement is revenue-related (funding in agreement) and not a contract amendment.

* See comments of 10/18/23

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

HR APPROVAL: N/A

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: 10/20/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.10.20 17:18:40 -07'00'
Approved: Disapproved: Date: _____ By: _____

Ok.You can check box as self funded. Please let me know when you need a GL certificate.

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: