

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/25/2021

Need Date: 04/09/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Zhana Mc Cullough
Phone: Ext. 7154
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.26 09:51:10
-07'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: CA Mental Health Services Authority
Address: 3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670
Phone: _____
Org Code: 5320
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Amendment 2 - increase term of the Agreement.

Description: JPA Participation Agreement - State Hospital Bed Program

Contract Term: 07/01/2019 - 06/30/2022 (changed) Contract Value: \$1,402/year (unchanged)

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

Approved: Disapproved: Date: 03/31/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.03.31 17:06:54 -07'00'
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: 2021.04.09 08:49:05 -07'00'

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

Approved: Disapproved: Date: 04/08/2021 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2021.04.08 15:21:43 -07'00'
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!