


# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: August 26, 2019

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Probation  
Dept. Contact: Rena Russell  
Phone: x6519  
Department  
Head Signature: 

**CONTRACTOR:**


Name: The Carey Group, Inc.  
Address: 8615 S. Highway A1A  
Melbourne Beach, FL 32951  
Phone: 801-232-8418  
Org Code: 2500000

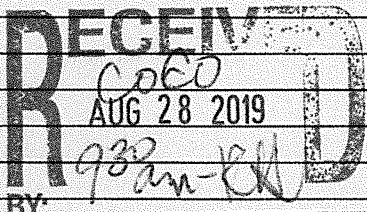
**CONTRACTING DEPARTMENT:** Probation

Service Requested: Amend Scope of Services and Compensation to add additional booster and service guides to the case planning and motivational interviewing training.

Contract Term: 02/26/19-01/31/21 Contract Value: \$88,905.00  
(Original NTE \$78,000.00)

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

Approved: X Disapproved: \_\_\_\_\_ Date: 8/28/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_



COUNSEL -- PLEASE FORWARD TO HR/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: X Disapproved: \_\_\_\_\_ Date: 8/4/19 By: Margellen Peters  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

County STANDARD Indemnity & Insurance Language used.

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_