

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/17/2023

Need Date: 05/01/2023

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Alisha Bryden
Phone: X 7317
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.04.13 15:44:22 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Psynergy Programs
Address: 18225 Hale Ave.
Morgan Hill, CA 95037
Phone: _____
Org Code: 5310100
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health

Service Requested: Legal Review to Adult Residential Facility Amendment IV to Agreement

Description: Updates to Exhibits (Rates, Level of Care and Scope), Contract Provision Updates to Agreement T/C, Extends term, Adds funds

Contract Term: 07/1/2020 to 06/30/2024 Contract Value: 2,040,000

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

Approved: Disapproved: Date: 04/17/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.04.17 16:11:21 -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: _____

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: _____