

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/09/2021

Need Date: 03/16/2021

**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: 2021.03.09 15:33:39  
-08'00'  
Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: Aegis Treatment Centers  
Address: 7246 Remmet Avenue  
Canoga Park, CA 91303  
Phone: 818-206-0360  
Org Code: 5330  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - Behavioral Health - Substance Use Disorder Program

Service Requested: Amendment to Agreement for Services

Description: DMC-ODS Services - Narcotic Treatment Program

Contract Term: 11/22/19 - 06/30/21 Contract Value: +106k = \$788,922.00

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

Approved:  Disapproved:  Date: 03/17/2021 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2021.03.17 15:21:45 -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: 2021.04.07 16:15:53 -07'00'

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

Approved:  Disapproved:  Date: 04/06/2021 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2021.04.06 14:24:03 -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](mailto:hhsa-contracts@edcgov.us) Thank you!**