


# AMENDMENTS CONTRACT ROUTING SHEET

Date Prepared: 4/8/19

Need Date: 4/22/19

**PROCESSING DEPARTMENT:**

Department: Health & Human Svcs  
Dept. Contact: Lisa Konyecsni  
Phone: 6901  
Department Head Signature:   
Don Semon, Director

**CONTRACTOR:**

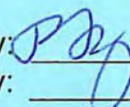
Name: Community Recovery Resources  
Address: 180 Sierra College Dr.  
Grass Valley, CA 95945  
Phone: \_\_\_\_\_  
Org Code: 5330

Auditor/Controller Notified


**CONTRACTING DEPARTMENT:** HHS - Substance Use Disorder

Service Requested: Substance Use Disorder Treatment Services  
Contract Term: 7/1/18 - 6/30/20 Contract Value: \$200,000

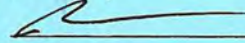
**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: X Disapproved: \_\_\_\_\_ Date: 4/10/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes ✓ No: \_\_\_\_\_  
Compliance verified by:  4/12/19

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

Approved: X Disapproved: \_\_\_\_\_ Date: 4/11/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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

**PLEASE EMAIL HHS CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!**