

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/10/2024

Need Date: 04/24/2024

PROCESSING DEPARTMENT:

Department: SHERIFF
Dept. Contact: TANIA DONNELLY
Phone: 530-621-6636
Department: Monica
Head Signature: Ferguson

Digitally signed by Monica Ferguson
Date: 2024.04.10 10:53:40 -07'00'

CONTRACTOR:

Name: SIGMA TACTICAL WELLNESS
Address: _____
Phone: _____
Org Code: 2410
Project String _____
(if applicable): _____

CONTRACTING DEPARTMENT: SHERIFF

Service Requested: REVIEW AND APPROVAL
Description: AMENDMENT TO INCREASE COMP AND AMEND SCOPE OF WORK
Contract Term: 3/21/23-3/20/26 Contract Value: \$115,000.00

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

Approved: Disapproved: Date: 04/26/2024 By: Stephen Mansell
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Stephen Mansell
Date: 2024.04.26 09:22:19 -07'00'

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Misty Garcia

Digitally signed by Misty Garcia
Date: 2024.05.02 15:30:36 -07'00'

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

Approved: Disapproved: Date: 05/02/2024 By: Lavleen K. Cheema
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Lavleen K. Cheema
Date: 2024.05.02 16:14:59 -07'00'

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

Departments: _____
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

PLEASE EMAIL SIGNED DOCUMENT TO:

THANK YOU!