Agreement # 25 (010-S1711) - Amendment # III

CONTRACT AMENDMENT ROUTING SHEET					
Date Prepared:	12/26/2018 05/03/19	Need Date:	01/09/2019		
PROCESSING D	PROCESSING DEPARTMENT: CONTRACTOR:				
Department:	Health & Human Services Agency	Name:	Crestwood Behavioral Health		
Dept. Contact:	Darci Prall	Address:	520 Capitol Mall, Suite 800		
Phone:	642-7373		Sacramento, CA 95814		
Department		Phone:			
Head Signature:			916-471-2242		
(6	Patricia Charles-Harth		Gary Zeyen		
BIZ smail to d	and 4/4 do M	Org Code:	5320		
CONTRACTING		an Services Agency			
Service Requeste	ed: Long-term, 24 hr programs	s and facilities for	mentally ill adults		
	AMDT III – Increase term t		rease NTE to \$7,500,000 and		
	update Exhibit B rates				
Contract Term:		Contract Value	\$3,000,000 = Original		
	Original 07/01/16 - 06/30/19		\$1,200,000 = AMDT II \$3,300,000 = AMDT III		
I	Extend to 06/30/21		\$3,300,000 - AIVID I III		
			\$7,500,000 = Total		
Approved: X Approved: X	Disapprove all contract Disapproved: Disapp	Date:	By: Potals By: Potants Tos: Article per		
			20 9 A		
	COUNSEL PLEASE FORWARD 1	O HR/RISK MANAG	EMENT THANKS!		
HR APPROVAL: Compliance with I Compliance verifie	Human Resources requirement	s? Yes:	- 5/8/19 No:		
Approved:	ENT APPROVAL: (all contract Disapproved: Disapproved:	ts & MOU's excer Date: 1/25 Date: 5/8			
OTHER APPROV	'AL: (Specify department(s) pa	articipating or direc	ctly affected by this contract).		
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:		
			aw10;10 PR/RH WAY 8'19		
			19-0004 A 1 of 2		

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

05/

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 12/26/2	018 01/04/19	Need Date:	01/09/2019 01/11/19			
PROCESSING DEPARTM	OR:					
	Human Services Agency	Name:	Crestwood Behavioral Health			
Dept. Contact: Darci Pr		Address:	520 Capitol Mall, Suite 800			
Phone: 642-737	73		Sacramento, CA 95814			
Department		Phone:				
Head Signature:			916-471-2242			
Patric	- Charley-Hoote		Gary Zeyen			
BIZ smail to director 4/		Org Code:	5320			
CONTRACTING DEPART	MENT: Health & Human	Services Agency				
CONTRACTING DEPARTMENT: Health & Human Services Agency Service Requested: Long-term, 24 hr programs and facilities for mentally ill adults						
AMDT III – Increase term to 06/30/2021, Increase NTE to \$7,500,000 and						
update Exhibit B rates						
Contract Term:		Contract Value:	\$3,000,000 = Original			
	7/01/16 – 06/30/19		\$1,200,000 = AMDT II			
Extend to			\$3,300,000 = AMDT III			
Exterio to	00/30/21		#7 500 000 - Takal			
			\$7,500,000 = Total			
COUNTY COUNSEL: (mu	st approve all contracts	and MOU's)	070			
	Disapproved:	Date: 1/8/	19 By: Horall			
The state of the s	Disapproved:	Date:	By:			
			in .			
PERSONAL PROPERTY OF PROPERTY OF THE PERSON			25			
			700			
COUNSEL	PLEASE FORWARD TO	HR/RISK MANAG				
LID ADDDOVAL.			EMENT THANKS!			
HR APPROVAL:	occurace requirements?	Yes:	No:			
Compliance with Human R	1 . 1 . 1	165.				
Compliance verified by:	mary 1/25/19					
RISK MANAGEMENT APP	PROVAL: (all contracts	& MOU's excep	t boilerplate grant funding/contracts)			
	Disapproved:	Date: 1/25/1	9 By:			
	isapproved:	Date:	By:			
OTHER APPROVAL - (Sne	ecify department(s) parti	cipating or direc	ctly affected by this contract).			
Departments:	son, asparanonia, para	s.pating of anot				
	Disapproved:	Date:	By:			
	Disapproved:	Date:	By:			
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			PM1746 HR7 RM JHM 9/13			
19-0004 A 2 of 2						
PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UPTHANKS!						