

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/06/2024

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Brian Michaelson  
Phone: X 6922  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2024.11.06 10:23:06 -08'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: TEMPLATES  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 5130  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA

Service Requested: Contract Template review  
Description: SMHS and STRTP Contract Templates  
Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 11/21/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.11.21 11:38:06 -08'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Templates approved as to form, as edited (with comments noted in email). Please resubmit for review if used beyond 2025 for evaluation of any changes in the law that need to be taken into consideration.

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

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Sera Salmalyan  
Digitally signed by Sera Salmalyan  
Date: 2024.11.21 15:47:47 -08'00'

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

Approved:  Disapproved:  Date: 11/06/2024 By: Amanda Magnuson  
Digitally signed by Amanda Magnuson  
Date: 2024.11.06 19:30:44 -08'00'  
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 SIGNED DOCUMENT TO: