

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/06/2024

Need Date: 03/06/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Brian Michaelson
Phone: X6922
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.03.06 14:55:11 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: California Psychiatric Transitions
Address: 9226 N. Hinton Avenue
Dehli, CA 95315
Phone: 209-669-3978
Org Code: 5320
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HNSA

Service Requested: Amendment review

Description: Residential treatment services for MH

Contract Term: 4/1/21-09/30/24 (adding 6 months) Contract Value: \$1,500,000

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

Approved: Disapproved: Date: 03/06/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.03.06 15:47:59 -08'00'
Approved: Disapproved: Date: _____ By: _____

SUPER RUSH REQUEST

with edits as indicated in email.

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: 2024.03.06 16:49:27 -08'00'

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

Approved: Disapproved: Date: 03/06/2024 By: Lavleen K. Cheema
Digitally signed by Lavleen K. Cheema
Date: 2024.03.06 16:43:00 -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: