

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/05/2023

Need Date: 04/19/2023

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Alisha Bryden
Phone: X7317
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.04.05 13:30:51 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Wellspace Health
Address: 777 12th Street, Suite 250
Sacramento, CA 95814
Phone: _____
Org Code: 5330
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health - Substance Use Disorder Program

Service Requested: Review Amendment I to Agmt 5376

Description: Residential Treatment Services - extend Agreement by one year and add funds

Contract Term: 07/01/21 - 06/30/24 Contract Value: \$2,130,000

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

Approved: Disapproved: Date: 04/10/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.04.10 09:04:17 -07'00'
Approved: Disapproved: Date: _____ By: _____

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

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

Approved: Disapproved: Date: 04/10/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.04.10 15:26:25 -07'00'
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: _____