

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 10/29/2024

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 530-295-6901
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.10.29 09:57:54 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Office of the Attorney General, Dept. of Justice
Address: PO Box 944255
Sacramento, CA 94244
Phone: _____
Org Code: 5440450
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA - Public Health

Service Requested: Legal Review
Description: FY 24/25 Tobacco Grant Program MOU
Contract Term: 11/1/24-6/30/28 Contract Value: \$839,596

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

Approved: Disapproved: Date: 11/12/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.11.12 15:35:43 -08'00'
Approved: Disapproved: Date: _____ By: _____

Note: This agreement is revenue-related (funding in agreement) and not a contract amendment.
with comments as noted in email.

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

HR APPROVAL: N/A

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: 11/15/2024 By: Amanda Magnuson
Digitally signed by Amanda Magnuson
Date: 2024.11.15 17:03:44 -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: