

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: August 30, 2018

Need Date: BOS - TBD

PROCESSING DEPARTMENT:

Department: CAO - P&C
Dept. Contact: Linda Silacci-Smith *LS*
Phone: x5417
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Mother Lode Van & Storage, Inc.
Address: 2028 Larkstone Place
El Dorado Hills, CA 95762
Phone: _____
Org Code: 0640400

CONTRACTING DEPARTMENT: CAO - Facilities

Service Requested: Moving Services and Modular Furniture Disassembly, Inventory, Removal, and Reinstallation Services
Increase Term from 3 Years to 4 Years
Increase Compensation Additional \$100,000 to \$600,000

Contract Term: 4 years Contract Value: \$ 600,000.00

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

Approved: Disapproved: _____ Date: 9/11/18 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 AUG 31 AM 8:13

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No: _____
Compliance verified by: *[Signature]* 9/12/18

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

Approved: Disapproved: _____ Date: 9/12/18 By: *Mary Mast*
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: _____

FORM HR/RM SEP 12'18