

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/25/2024

Need Date: 03/29/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Courtney Jenkins
Phone: x7154
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.03.26 08:32:19 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: CDPH, STD Control Branch
Address: 1616 Capitol Ave, MS 7320
Sacramento, CA 95814
Phone: _____
Org Code: 5420
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review
Description: Disease Intervention Specialist Workforce Development Grant (term extension and NTE reduction)
Contract Term: 7/1/21 - 1/31/26 Contract Value: \$361,008

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

Approved: Disapproved: Date: 03/26/2024 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2024.03.26 13:38:19 -07'00'
Approved: Disapproved: Date: _____ By: _____

Note: This agreement is revenue-related (funding in agreement) and not a contract amendment.

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: 03/26/2024 By: Lavleen K. Cheema
Digitally signed by Lavleen K. Cheema
Date: 2024.03.26 20:41:29 -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: _____

PLEASE EMAIL SIGNED DOCUMENT TO: