

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/16/2023

Need Date: 03/30/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Alisha Bryden
Phone: x7317
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.03.16 14:06:51 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Shamanic Living Center, dba Recovery In Action
Address: 484 Pleasant Valley Road
Diamond Springs, CA 95619
Phone: (530) 344-7633
Org Code: _____
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Substance Abuse Treatment Services under Drug Med-Cal Organized Delivery System

Contract Term: Upon Execution through June 30, 2024 Contract Value: \$285,000

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

Approved: Disapproved: Date: _____ By: _____
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: 3/16/23 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.03.16 17:28:01 -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: _____