

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/06/2021

Need Date: 04/15/2021

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Consie Mote  
Phone: 7118  
Department Head Signature: Nita Wracker  
MBA CPA  
Nita Wracker, MBA CPA  
Agency CFO

Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.04.07 09:17:10  
-07'00'

**CONTRACTOR:**

Name: Natalie Patterson, RD  
Address: 3481 Meder Road  
Shingle Springs, CA 95682  
Phone: \_\_\_\_\_  
Org Code: 5260  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Review of Amendment 1 to Agreement 2109

Description: Amend Article II Compensation to add \$20,000

Contract Term: 02/13/2018 -06/30/2021 Contract Value: \$167,160

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

Approved:  Disapproved:  Date: 04/16/2021 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by Paula Frantz  
Date: 2021.04.16 16:43:12 -07'00'

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

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Lauren Montalvo

Digitally signed by Lauren Montalvo  
Date: 2021.04.21 12:05:36 -07'00'

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

Approved:  Disapproved:  Date: 04/19/2021 By: Michael Andersen  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by Michael Andersen  
Date: 2021.04.19 10:01:50 -07'00'

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: N/A  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**