

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 02/08/2024

Need Date: 03/14/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.02.08 12:20:38 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Petco Love
Address: 654 Richland Hills Drive
San Antonio, TX 78245
Phone: _____
Org Code: _____
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA- Community Services

Service Requested: Legal review
Description: Online application with certification that will become the grant agreement
Contract Term: Upon approval - no end date identified Contract Value: \$2,665 initial value

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

Approved: Disapproved: Date: 03/15/2024 By: Ted Wood
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Ted Wood
Date: 2024.03.15 09:26:48 -07'00'

Approved as to form - TDW

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: 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: 03/19/2024 By: Lavleen K. Cheema
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Lavleen K. Cheema
Date: 2024.03.19 13:27:46 -07'00'

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:

THANK YOU!