

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 08/12/2020

Need Date: 08/19/2020

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o, ou,
email=yvonne.kollings@edc.gov.us, c=US
Date: 2020.08.11 09:03:31 -0700
Yvonne Kollings, CFO

CONTRACTOR:

Name: Progress House
Address: P.O. Box 1666
Placerville, CA 95667
Phone: 530-626-9240
Org Code: 5330
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health

Service Requested: Agreement for Services
Description: DMC-ODS Services
Contract Term: 04/21/20 - 06/20/21 (+ 6 months) Contract Value: +\$500k = \$1,768,247.00

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

Approved: Disapproved: Date: 08/17/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.08.17 17:57:22 -0700
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: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2020.08.18 11:24:12 -0700

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

Approved: Disapproved: Date: 08/18/2020 By: Robert R. Schroeder
Digitally signed by Robert R. Schroeder
Date: 2020.08.18 13:36:03 -0700
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 FOR PICK-UP hhsa-contracts@edc.gov.us Thank you!