

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 09/22/2022

Need Date: 10/03/2022

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Courtney Jenkins
Phone: x7154
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.09.23 13:17:30 -07'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: Shamanic Living Center, dba Recovery In Action
Address: 484 Pleasant Valley Road #4
Diamond Springs, CA 95619
Phone: 530-344-7633
Org Code: 5110100
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHS

Service Requested: Legal Review
Description: Drug Testing and Treatment Services for CWS
Contract Term: Upon execution to 10/31/2024 Contract Value: \$150,000

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

Approved: Disapproved: Date: 10/06/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.10.06 17:50:20 -07'00'
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: Sera Salmalyan
Digitally signed by Sera Salmalyan
Date: 2022.10.19 17:06:54 -07'00'

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

Approved: Disapproved: Date: 10/10/2022 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2022.10.10 11:20:12 -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: _____