

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 8/6/19

Need Date: 8/16/19

### PROCESSING DEPARTMENT:

Department: HHSA  
Dept. Contact: Lisa Konyecsni  
Phone: Ext. 6901  
Department  
Head Signature: *[Signature]*  
Donald Semon, Director

### CONTRACTOR:

Name: Henning Mehrens, MD, dba Tahoe Urgent Care Med. Clinic  
Address: 2130 Lake Tahoe Blvd. SLT, CA 96150  
Phone: \_\_\_\_\_  
Org Code: 5130

Auditor/Controller Notified     N/A – Under \$100k

### CONTRACTING DEPARTMENT: HHSA – Child Welfare Services

Service Requested: Substance Abuse Testing

Contract Term: Upon execution-7/31/22 (no change) 6/30/21

Contract Value: Current: \$65,477 New: \$180,000

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

Approved: X    Disapproved: \_\_\_\_\_    Date: 8/7/19    By: *[Signature]*  
Approved: \_\_\_\_\_    Disapproved: \_\_\_\_\_    Date: \_\_\_\_\_    By: \_\_\_\_\_

**RECEIVED**  
AUG 06 2019  
BY: *[Signature]*

### HR APPROVAL:

Compliance with Human Resources requirements?    Yes     No: \_\_\_\_\_  
Compliance verified by: *[Signature]*    8/14/19

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

Approved: X    Disapproved: \_\_\_\_\_    Date: 8/14/19    By: LC  
Approved: \_\_\_\_\_    Disapproved: \_\_\_\_\_    Date: \_\_\_\_\_    By: \_\_\_\_\_

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

Approved: \_\_\_\_\_    Disapproved: \_\_\_\_\_    Date: \_\_\_\_\_    By: \_\_\_\_\_  
Approved: \_\_\_\_\_    Disapproved: \_\_\_\_\_    Date: \_\_\_\_\_    By: \_\_\_\_\_

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!