

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 06/24/2021

Need Date: 07/01/2021

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Darci Prall  
Phone: 642-7373  
Department Head Signature: Nita Wracker  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.06.25 09:24:29  
-07'00'  
MBA CPA  
Nita Wracker, Agency CFO

**CONTRACTOR:**

Name: DNT In Home Care, Inc. DBA Senior Helpers  
Address: 3440 Palmer Drive #8H  
Cameron Park, CA 95682  
Phone: \_\_\_\_\_  
Org Code: 5260  
Project String  
(if applicable): \_\_\_\_\_

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

Service Requested: AMDT I - Scope and Comp changes, add \$30,000

Description: Non-Medical In Home support and transportation services

Contract Term: No change 12/3/20-09/30/2023 Contract Value: add \$30,000 = NTE \$90,000

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

Approved:  Disapproved:  Date: 07/13/2021 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Paula Frantz  
Date: 2021.07.13 13:40:12 -07'00'

\*Original 5133 approved 10/08/2020

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

**HR APPROVAL:**

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: \_\_\_\_\_ By: \_\_\_\_\_  
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@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**