

Agreement # 7410 - Amendment #        Legistar # 23-0400

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 02/10/2023

Need Date: 03/03/2023

### PROCESSING DEPARTMENT:

Department: HHS  
 Dept. Contact: Consie Mote  
 Phone: x7118  
 Department Head Signature: Kristen Gurrola  
Digitally signed by Kristen Gurrola  
Date: 2023.02.17 13:14:58 -08'00'  
 Kristen Gurrola  
 Program Manager

### CONTRACTOR:

Name: CalMHSA  
 Address: 1610 Arden Way, Suite 175  
Sacramento, CA 95815  
 Phone: \_\_\_\_\_  
 Org Code: 5310100  
 Project String (if applicable): \_\_\_\_\_

### CONTRACTING DEPARTMENT: HHS

Service Requested: Review agreement  
 Description: CalMHSA Participation Agreement Medi-Cal peer support specialist certification  
 Contract Term: upon execution- 12/31/2024 Contract Value: 46,000

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

Approved:  Disapproved:  Date: 02/17/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.02.17 15:24:56 -08'00'  
 Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Please advise if Levine Exhibit is needed. \* See concurrent email.

**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!**

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Phone: \_\_\_\_\_  
Org Code: 5310100  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review agreement

Description: CalMHSA Participation Agreement Medi-Cal peer support specialist certification

Contract Term: upon execution- 12/31/2024 Contract Value: 46,000

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

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

Approved:  Disapproved:  Date: 02/23/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.02.23 13:33:11 -08'00'  
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: \_\_\_\_\_

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