

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 02/14/2019

Need Date: 02/28/2019

PROCESSING DEPARTMENT:

Department: Health & Human Services Agency
Dept. Contact: Darci Prall
Phone: 642-7373
Department Head Signature: [Signature]
Don Semon, Director

CONTRACTOR:

Name: Susan Stoeffler Marriage and Family Therapist
Address: 312 Main Street
Placerville, CA 95667
Phone: _____
Org Code: 5130

Auditor/Controller Notified

CONTRACTING DEPARTMENT: Health & Human Services Agency

Service Requested: Therapeutic Counseling and Assessments
AMDT I = Increase NTE by \$74,523, add Child & Family Therapy to scope, update language in accordance with therapeutic boilerplate.

Contract Term: Original = 06/13/2017 - 12/31/2019 Contract Value: Original = \$65,477.00
AMDT I = No Change AMDT I = \$74,523.00
~~AMDT I = \$74,523.00~~ \$140,000.00 TOTAL

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

Approved: X Disapproved: _____ Date: 2/27/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR/RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No: _____
Compliance verified by: [Signature] 3/5/19

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

Approved: X Disapproved: _____ Date: 3/4/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNCIL
2019 FEB 28 AM 11:02

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____