

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 06/25/2024

Need Date: 07/19/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Brian Michaelson
Phone: X 6922
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.07.31 08:59:40 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____
Org Code: 5310
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA BH

Service Requested: Contract Template Update (new Board template) and Reso Review

Description: Transitional Housing Lease Template

Contract Term: N/A Contract Value: N/A

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

Approved: Disapproved: Date: 08/06/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.08.06 16:52:33 -07'00'
Approved: Disapproved: Date: _____ By: _____

Note: This agreement is a template and reso and not a contract amendment.

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: 09/24/2024 By: Amanda Magnuson
Digitally signed by Amanda Magnuson
Date: 2024.09.24 09:58:30 -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: _____

PLEASE EMAIL SIGNED DOCUMENT TO: