

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 07/15/2022

Need Date: 07/21/2022

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Darci Prall
Phone: x7373
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.07.15 13:42:35 -07'00'
Kimberly McAdams
Agency Chief Fiscal Officer

CONTRACTOR:

Name: EDCOE
Address: 6767 Green Valley Road
Placerville, CA
Phone: _____
Org Code: 5110
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: _____

Description: Child Abuse Prevention Coordination , AMDT 1 = amend scope and add \$10,000

Contract Term: No change = 07/01/2020 - 06/30/2023 Contract Value: Orig =430,000 + 10,000 = \$440,000

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

Approved: Disapproved: Date: 07/19/2022 By: Janeth SanPedro
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Janeth SanPedro
Date: 2022.07.19 16:33:08 -07'00'

Original #4532 approved 3/11/20 BOS#20-0318

Minor edits as noted. - jds

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2022.07.25 17:02:24 -07'00'

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

Approved: Disapproved: Date: 07/25/2022 By: Michael Andersen
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Michael Andersen
Date: 2022.07.25 13:48:09 -07'00'

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 Thank you!