

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/09/2024

Need Date: 05/02/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Courtney Jenkins
Phone: x7154
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.04.16 16:09:43 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Maxim Healthcare Staffing Services, Inc
Address: 7227 Lee Deforest Drive
Columbia, MD 21046-3236
Phone: (410) 910-1500
Org Code: 5310
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review
Description: Amendment 1, Addition of Behavioral Health Staffing Services, NTE increase
Contract Term: 12/5/23 - 12/31/25 Contract Value: \$400,000

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

Approved: ☒ Disapproved: ☐ Date: 05/09/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.05.09 11:25:02 -07'00'
Approved: ☐ Disapproved: ☐ Date: _____ By: _____

with comments as noted in email.

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: 2024.08.13 15:55:00 -07'00'

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

Approved: ☒ Disapproved: ☐ Date: 05/10/2024 By: Amanda Magnuson
Digitally signed by Amanda Magnuson
Date: 2024.05.10 16:39:07 -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:

THANK YOU!