

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 02/10/2025

Need Date: 02/10/2025

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Kristy Fackrell  
Phone: x6919  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2025.01.06 11:49:03 -08'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: County of Nevada  
Address: 950 Maidu Ave  
Nevada City, CA 95959  
Phone: 530-470-2421  
Org Code: 5310100 BH Mental Health Traditional  
Project String  
(if applicable): 53TRADPES -5353000PES-50500-WS

**CONTRACTING DEPARTMENT:** HNSA

Service Requested: Legal Review

Description: Amending to add the provision of Telephone Access Calls, Call Assessment and Crisis Phone Triage Services, add optional term extension, update billing rates and increase maximum obligation

Contract Term: 7/1/2024-6/30/2026 with option to extend to 6/30/2029 Contract Value: \$182,790 - If extension is utilized \$600,000

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

Approved:  Disapproved:  Date: 01/10/2025 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2025.01.10 10:32:41 -08'00'  
Approved:  Disapproved:  Date: 02/11/2025 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2025.02.11 09:42:46 -08'00'

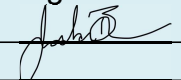
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with edits as noted in email.

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

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Sera Salmalyan  
Digitally signed by Sera Salmalyan  
Date: 2025.01.17 10:49:51 -08'00'

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

Approved:  Disapproved:  Date: 1/17/25 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 SIGNED DOCUMENT TO: