

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/11/2023

Need Date: _____

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Max Hudock
Phone: X6921
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.04.17 14:21:22 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: CDSS
Address: 744 P Street
Sacramento, California 95814
Phone: _____
Org Code: 5100
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HHS

Service Requested: Legal Review

Description: Amendment II Privacy Agreement Extension of Term to March 1, 2024

Contract Term: 9/27/2019 - 3/1/2024 Contract Value: \$0

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

Approved: Disapproved: Date: 04/17/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.04.17 16:25:32 -07'00'
Approved: Disapproved: Date: _____ By: _____

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: 04/18/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.04.18 10:47:12 -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: _____