

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/08/2024

Need Date: 11/29/2024

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Lisa Konyecsni  
Phone: 295-6901  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2024.11.12 16:33:39 -08'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Mental Health Svcs Oversight & Accountability Commission  
Address: 1812 9th St  
Sacramento, CA  
Phone: \_\_\_\_\_  
Org Code: 5310150  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - Behavioral Health

Service Requested: Legal review

Description: Round 4 of the Mental Health Student Services Act (MHSSA) - Category 3) Sustainability

Contract Term: Upon execution - 12/31/2027 Contract Value: \$450,000

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

Approved:  Disapproved:  Date: 12/03/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.12.03 15:27:10 -08'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Note: This agreement is revenue-related (funding in agreement) and not a contract amendment.  
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: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 12/30/2024 By: Jordan A. Brown  
Digitally signed by Jordan A. Brown  
Date: 2024.12.30 10:56:31 -08'00'  
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:

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/08/2024

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**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Lisa Konyecsni  
Phone: 295-6901  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2024.11.12 08:57:48 -08'00'  
Alisha Bryden  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: Mental Health Svcs Oversight & Accountability Commission  
Address: 1812 9th St.  
Sacramento, CA 95811  
Phone: \_\_\_\_\_  
Org Code: 5310150  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - Behavioral Health

Service Requested: Legal review

Description: Round 4 of the Mental Health Student Services Act (MHSSA), Category 2) Universal Screening

Contract Term: Upon execution-12/31/27 Contract Value: \$745,200

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

Approved:  Disapproved:  Date: 12/03/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.12.03 13:43:58 -08'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Note: This agreement is revenue-related (funding in agreement) and not a contract amendment.

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: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 12/30/2024 By: Jordan A. Brown  
Digitally signed by Jordan A. Brown  
Date: 2024.12.30 10:53:48 -08'00'  
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: