

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 07/14/2023

Need Date: 08/17/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Brian Michaelson
Phone: x6922
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.08.02 16:33:02 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Shamanic Living Center, dba Recovery In Action
Address: 484 Pleasant Valley Road
Diamond Springs, CA 95619
Phone: (530) 344-7633
Org Code: 5110100
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Substance Abuse Treatment Services

Contract Term: 11/1/21 - 10/31/24 Contract Value: \$150,000

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

Approved: Disapproved: Date: 08/03/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.08.03 15:59:04 -07'00'
Approved: Disapproved: Date: 08/08/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.08.08 08:40:05 -07'00'

* With edits of 8_3_23
* With edit of 8_8_23

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: 2023.08.04 09:48:25 -07'00'

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

Approved: Disapproved: Date: 08/03/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.08.03 16:27:34 -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: _____