

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/21/2021

Need Date: 04/28/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Zhana Mc Cullough
Phone: Ext. 7154
Department Head Signature: Nita Wracker Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.30 15:05:15
-07'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Elder Options, Inc.
Address: 82 Main Street
Placerville, CA 95667
Phone: _____
Org Code: 5260
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review revised Amendment 1

Description: In-home non-medical support services

Contract Term: 07/01/2020 - 06/30/2023 (unchanged) Contract Value: \$100,000 (\$40,000 increase)

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

Approved: Disapproved: Date: 04/02/2021 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2021.04.02 09:23:01 -07'00'
Approved: Disapproved: Date: 04/27/2021 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2021.04.27 16:31:41
-07'00'

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: 2021.04.30 09:29:20 -07'00'

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

Approved: Disapproved: Date: 04/30/2021 By: Michael Andersen Digitally signed by Michael Andersen
Date: 2021.04.30 08:46:57 -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 FOR PICK-UP hhsa-contracts@edcgov.us Thank you!