

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 07/07/2023

Need Date: 07/19/2023

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Max Hudock
Phone: X6921
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.07.18 15:10:47 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Willow Glen Care Center
Address: 1547 Plumas Court
Yuba City, CA 95993
Phone: _____
Org Code: 5320
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHS

Service Requested: Legal Review of Amendment
Description: Amendment to add \$1,700,000 in funds
Contract Term: 12/4/2018-12/31/2024 Contract Value: \$4,200,000.00

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

Approved: Disapproved: Date: 07/18/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.07.18 16:13:03 -07'00'
Approved: Disapproved: Date: _____ By: _____

* With edits made 7_17_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: 2023.07.19 09:02:18 -07'00'

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

Approved: Disapproved: Date: 07/18/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.07.18 17:00:21 -07'00'
Approved: Disapproved: Date: _____ By: _____
Needs PNC endorsement. Approved because of RUSH.

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____