

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/06/2024

Need Date: 11/12/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Max Hudock
Phone: X6921
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.11.06 12:45:13 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Ski Air Incorporated
Address: 5540 Merchant Circle
Placerville, CA 95667
Phone: _____
Org Code: _____
Project String (if applicable): 5220

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Amendment I to increase the NTE by \$300,000

Contract Term: 12/13/22-6/30/25 Contract Value: \$658,500

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

Approved: Disapproved: Date: 11/12/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.11.12 11:28:59 -08'00'
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: Sera Salmalyan
Digitally signed by Sera Salmalyan
Date: 2024.11.18 09:44:41 -08'00'

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

Approved: Disapproved: Date: 11/18/2024 By: Amanda Magnuson
Digitally signed by Amanda Magnuson
Date: 2024.11.18 09:39:57 -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: