

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/04/2022

Need Date: 01/20/2022

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Consie Mote
Phone: x7118
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2022.01.05 10:00:10
-08'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Catalyst Family, Inc dba Catalyst Community
Address: 350 Woodview Avenue, Suite 100
Morgan Hill, CA 95037-2823
Phone: 530.541.5848
Org Code: 5110100
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of amendment to Agreement 5344

Description: Amendment adds funds and spending category from Final allocation and new data reporting requirements.

Contract Term: 7/1/2021-6/30/2024 (no change) Contract Value: \$426,986

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

Approved: Disapproved: Date: 01/18/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.01.18 16:51:33 -11'00'
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: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2022.01.25 15:10:18 -08'00'

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

Approved: Disapproved: Date: 01/25/2022 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2022.01.25 10:56:24 -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: _____