CONTRACT AMENDMENT ROUTING SHEET

Date Prepared:	12/22/2021		Need Date:	01/05/2022	
PROCESSING DEPARTMENT:					
Department:	HHSA Ashley Wells x6906		Name:	Nancy Callahan (IDEA Consulting)	
Dept. Contact: Phone: Department			Address:	2108 Alameda Ave.	
	Nita Wracker		Phone:	Davis, CA 95616	
Head Signature:	MBA CPA	MBA CPA Date: 2021.12.22 11:28:02 -08'00'	Flione.		
	Nita Wracker, MBA, CPA		Org Code:	Org Code: 5310100, 5310150	
	Agency Chief Fiscal Officer		•	Project String (if applicable):	
CONTRACTING	DEPARTMEN	HHSA - Behavior	al Health		
Service Requeste	d: Agreement for	Services			
Description: Te	chnical Consulting S	ervices			
Contract Term: 04/01/21 - 12/31/25			Contract Value	+\$629,953 = \$77	9,953
COUNTY COUNS	🖌 🔄 Disapp	proved:	Date:01/04/20		Paula Frantz Digitally signed by Paula Franz Digitally signed by Paula Franz
Approved: Disapproved: Da			Date: 02/09/20	By:	Paula Frantz Digitally signed by Paula Frantz Date: 2022.02.09 15:57:34 -11'00'
HR APPROVAL: Compliance with	Human Resour	ces requiremen			No:
Compliance verifi	ed by: Lauren I	viontalvo		e: 2022.02.11 10:35:14 -08'00'	
					ant funding contracts)
Approved:					Michael Andersen Date: 2022.02.10 09:24:22-08/00
Approved:	Disapp	oroved:	Date:	By:	
					······
OTHER APPROV Departments:	AL: (Specify of	department(s) pa	articipating or dire	ectly affected by	this contract).
Approved:	Disapr	proved:	Date:	By:	
Approved:		proved:	Date:	By:	

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you! 22-0047 A 1 of 1