

Agreement # 6491 - Amendment # 1 Registrar # 22-2096

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/11/2023

Need Date: 02/21/2023

PROCESSING DEPARTMENT:

Department: HHS
 Dept. Contact: Consie Mote
 Phone: x7118
 Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2023.02.01 14:42:19 -08'00'
Yvette Wencke
 Administrative Analyst Supervisor

CONTRACTOR:

Name: Summitview Child and Family Services
 Address: 670 Placerville Drive, Suite 2,
Placerville, CA 95667
 Phone: 644-2412
 Org Code: 5310150
 Project String
 (if applicable): _____

CONTRACTING DEPARTMENT: HHS

Service Requested: Review Amendment
 Description: Amendment increases Maximum obligation from \$150,000 to \$300,000 and updates articles as necessary.
 Contract Term: 7/1/2022-6/30/2023 Contract Value: 300,000

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

Approved: Disapproved: Date: 02/06/2023 By: JBB /s/ *
 Approved: Disapproved: Date: _____ By: _____

* Approved as edited 2/6/23

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
 Compliance verified by: _____

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

Approved: Disapproved: Date: _____ By: _____
 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@edc.gov Thank you!

Agreement # 6491 - Amendment # 1 Legistar # 22-2096

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

See page 1

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

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

Approved: Disapproved: Date: 02/14/2023 By: Michael Andersen
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Michael Andersen
Date: 2023.02.14 15:07:48 -0800

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!