

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/17/2023

Need Date: 03/31/2023

**PROCESSING DEPARTMENT:**

Department: HSA- Contracts  
Dept. Contact: Brian Michaelson  
Phone: x6922  
Department Head Signature: Kristen Gurrola  
Digitally signed by Kristen Gurrola  
Date: 2023.03.17 14:26:15 -07'00'  
Kristen Gurrola  
Program Manager

**CONTRACTOR:**

Name: EDCOE  
Address: 6767 Green Valley Road  
Placerville, CA  
Phone: \_\_\_\_\_  
Org Code: 5110  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA- Protective Services

Service Requested: Amendment Review

Description: Child Abuse Prevention Coordination , AMDT 2 = add \$10,000

Contract Term: No change = 07/01/2020 - 06/30/2023 Contract Value: Orig =430,000 + 10,000(A1) + 10,000 = \$450,000

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

Approved:  Disapproved:  Date: 03/21/2023 By: Daniel Vandekoolwyk  
Digitally signed by Daniel Vandekoolwyk  
Date: 2023.03.21 17:17:30 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Original #4532 approved 3/11/20 BOS#20-0318

4532 A1 approved 8/16/22 BOS#22-1159

**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: 2023.03.24 09:48:17 -07'00'

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

Approved:  Disapproved:  Date: 03/24/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.03.24 09:40:38 -07'00'  
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 FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**