CONTRACT AMENDMENT ROUTING SHEET

Date Prepared:	02/22/2023	_ Need Date:			
PROCESSING I	DEPARTMENT:	CONTRAC	TOR:		
Department:	HHSA	Name:	Suicide Prevention N	etwork of Do	uglas County
Dept. Contact:	Darci Prall	Address:	1625 State Route 88	, STE 203	
Phone:	x7373		Minden, NV 89423		
Department Head Signature:	See page 2, signed 3/28/23	Phone:			
	Yvette Wencke	Org Code:	5310		
	Administrative Analyst Supervisor	Project Strir (if applicable	•		
	DEPARTMENT: HHSA				
•	Review of AMDT1 = Increase the N			oarate	
Description: <u>N</u> Contract Term:	/lental Health Services Act - Suicide Preven 07/01/20-06/30/23	Contract Value			
			<u>.</u>		
Approved:	ISEL: (must approve all contra ✓ Disapproved:	Date: 03/28/20	,	Jefferson Billingsley	Digitally signed by Jefferson Billingsky Dete: 2023.03.28 07:37:00 -07'00'
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· · · · · · · · · · · · · · · · · · ·	Disapproved:	Date:	Dy.		
Approved:	COUNSEL PLEASE FORWARD TO : i Human Resources requirement	D HR AND RISK MAN	NAGEMENT THA	 NKS! No: _	
Approved:	COUNSEL PLEASE FORWARD TO : Human Resources requirement fied by: Sera Salmanyan	D HR AND RISK MAN	NAGEMENT THA italiy signed by Sera Salmanyan e: 2023.04.05 13:13:49 -07'00'	No: _	
Approved:	COUNSEL PLEASE FORWARD TO : Human Resources requirement fied by: Sera Salmanyan MENT APPROVAL: (all contra	D HR AND RISK MAN	NAGEMENT THA italiy signed by Sera Salmanyan e: 2023.04.05 13:13:49 -07'00' pt boilerplate gra	No: _	
Approved:	COUNSEL PLEASE FORWARD TO : Human Resources requirement fied by: Sera Salmanyan MENT APPROVAL: (all contra	D HR AND RISK MAN	NAGEMENT THA italiy signed by Sera Salmanyan e: 2023.04.05 13:13:49 -07'00' pt boilerplate gra	No: _	
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PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you! 23-0299 A 1 of 2

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared	02/22/2023	Need Date:	
PROCESSING	DEPARTMENT:	CONTRACT	OR:
Department:	HHSA	Name:	Suicide Prevention Network of Douglas Co
Dept. Contact:	Darci Prall	Address:	1625 State Route 88, STE 203
Phone:	x7373		Minden, NV 89423
Department Head Signature	Kristen Gurrola Bate: 2023.03.28 12:36:20	Phone:	
	- <u>-07'00'</u> Kristen Gurrola	Org Code:	5310
	Program Manager	Project String (if applicable	g
CONTRACTING	G DEPARTMENT: HHSA		
Service Reques	ted: Review of AMDT1 = Increase the NT	E, rate change and Mileag	ge reimbursement separate
Description:	Mental Health Services Act - Suicide Prevent	ion and Stigma Reduction	
Contract Term:	07/01/20-06/30/23	Contract Value:	\$180,000
	NSEL: (must approve all contra	ate and MOLI's)	
	NSEL: (must approve all contrac	Date:	By:
Annroved.			
· · ·	Disapproved:		
· · ·	Disapproved:	Date:	By:By:
Approved:	Disapproved: Disapproved: Counsel Please Forward TO	Date:	By:
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Approved:	Disapproved: Disapproved: COUNSEL PLEASE FORWARD TO .: Human Resources requiremen ified by:	Date:	AGEMENT THANKS!
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HR APPROVAL Compliance with Compliance ver	Disapproved: Disapproved: COUNSEL PLEASE FORWARD TO .: Human Resources requiremen ified by:	Date:	AGEMENT THANKS!
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Approved:	Disapproved:	Date:	AGEMENT THANKS! AGEMENT THANKS! Dot boilerplate grant funding cont By:
Approved:	Disapproved: COUNSEL PLEASE FORWARD TO .: n Human Resources requiremen ified by: :: MENT APPROVAL: (all contract Disapproved: Disapproved: Disapproved:	bate:	By:

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