

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 10/13/2022

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: HHSA- Contracts  
Dept. Contact: Brian Michaelson  
Phone: X6922  
Department Head Signature: Yvette Wencke  
Digitally signed by Yvette Wencke  
Date: 2022.10.20 16:01:23 -07'00'  
Yvette Wencke  
Administrative Analyst Supervisor

**CONTRACTOR:**

Name: CDPH  
Address: PO Box 997377  
Sacramento, CA 95899  
Phone: 916-650-6416  
Org Code: 5400000  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA- Public Health

Service Requested: Please review and approve this funding agreement amendment

Description: Funding Allocation COVID-19 ELC68 Enhancing Detection Expansion Funding Amendment 1

Contract Term: 1/15/21-7/31/24 (+1 Year) Contract Value: \$6,503,584.00 (No Change)

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

Approved:  Disapproved:  Date: 11/07/2022 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Paula Frantz  
Date: 2022.11.07 15:37:08 -08'00'

**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: \_\_\_\_\_