

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/17/2023

Need Date: 05/01/2023

**PROCESSING DEPARTMENT:**

Department: HHS  
Dept. Contact: Alisha Bryden  
Phone: X 7317  
Department Head Signature: Kristen Gurrola  
Digitally signed by Kristen Gurrola  
Date: 2023.04.13 15:44:22 -07'00'  
Kristen Gurrola  
Program Manager

**CONTRACTOR:**

Name: Psynergy Programs  
Address: 18225 Hale Ave.  
Morgan Hill, CA 95037  
Phone: \_\_\_\_\_  
Org Code: 5310100  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHS - Behavioral Health

Service Requested: Legal Review to Adult Residential Facility Amendment IV to Agreement

Description: Updates to Exhibits (Rates, Level of Care and Scope), Contract Provision Updates to Agreement T/C, Extends term, Adds funds

Contract Term: 07/1/2020 to 06/30/2024 Contract Value: 2,040,000

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

Approved:  Disapproved:  Date: 04/17/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.04.17 16:11:21 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**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: 2023.04.18 09:06:02 -07'00'

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

Approved:  Disapproved:  Date: 04/17/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.04.17 17:04:19 -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: \_\_\_\_\_