

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/20/2023

Need Date: 12/18/2023

## PROCESSING DEPARTMENT:

Department: HHSA  
 Dept. Contact: Brian Michaelson  
 Phone: X6922  
 Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
 Date: 2023.12.04 14:24:58 -08'00'  
Alisha Bryden  
 Administrative Analyst Supervisor

## CONTRACTOR:

Name: Telecare Corp. Inc.  
 Address: 1080 Marina Village Pkwy.  
Alameda, CA 94501  
 Phone: \_\_\_\_\_  
 Org Code: 5310  
 Project String  
 (if applicable): \_\_\_\_\_

## CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of Amendment  
 Description: Adds funding for incentive payments, updates standard language  
 Contract Term: no change 1/1/20-12/21/2025 Contract Value: +\$4,728,120 (\$34,878,086 new total)

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

Approved: ☒ Disapproved: ☐ Date: 12/05/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
 Date: 2023.12.05 08:52 -08'00'  
 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: Misty Garcia  
Digitally signed by Misty Garcia  
 Date: 2023.12.07 16:23:42 -08'00'

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

Approved: ☒ Disapproved: ☐ Date: 12/05/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
 Date: 2023.12.05 15:24:17 -08'00'  
 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: \_\_\_\_\_