

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11/20/2023

Need Date: 01/02/2024

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Jennifer Franich
Phone: x7539
Department Head Signature: Jennifer Digitally signed by Jennifer
Date: 2023.12.21 12:06:13
-08'00'

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____
Org Code: 0200000
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: CAO/Dept 02

Service Requested: Review and Approve Resolution

Description: _____

Contract Term: _____ Contract Value: _____

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

Approved: ☒ Disapproved: ☐ Date: 01/05/2024 By: David Livingston Digitally signed by David Livingston
Date: 2024.01.05 17:19:22 -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: _____

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: _____

PLEASE EMAIL SIGNED DOCUMENT TO: jennifer.franich@edcgov.us

THANK YOU!