Contract #:

466-M1311, Amdt-1

Index Code:

403310

Resubmit	06-26:2014	ROUTING SHE	 07-10-2014
Date Prepared:	3/18/14		3/21/18
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA/Public Health Kathy Lang X7147 Don Ashton, M.P.A., Directo	Address: 1100 Ma Placervil Phone:	l Medical Center arshall Way lle, CA 95667
Contract Term: 📑	ed: <u>Amendment to MOU sett</u> 3/19/13 – 3/18/18 Human Resources requiremen	Contract/Grant Vants? N/A xx	alue: \$0 YesNoF
COUNTY COUNS Approved: Approved:	SEL: (Must approve all contra Disapproved: Disapproved:	ncts and MOU's) Date: 3/21/2014 Date: 7/08/2014	By: K. Harleham By: K. Marleham - CO
RISK MANAGEN Approved: Approved:	PLEASE FORWARD TO RITEMT: (All contracts and MOUDISAPPROVED: Disapproved: Disapproved:	ISK MANAGEMENT. THANK YO J's except boilerplate grant fo Date: Date:	
DOES CA	ot require RISK	ment review.	
NOTE: Any contract electronic informatio related, especially th	/AL: (Specify department(s) part that involves the development, instending the acquisition of software or consistent involve computers and telepplies to any other contract that requipplies the contract that requipplies to any other contract that requipplies to any other contract that requipplies to any other contract that requipplies the contract that requipplies to any other contract that requipplies the contract that req	allation, implementation, storing, romputer related items, or any oth ecommunications, must be appro	etrieving, transfer, or sending o ner service/item that may be IT oved by IT before submission to
La L	Date Program Mgr. Review/Date	Contracts Mgr. Review/Date/4	CFO Review/Date 3/17/14

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Rev. 12/2000 (GS-GVP)