

**RUSH!**

Agreement # 3132 - Amendment # 1

## CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 9/6/18 9/7/18

Need Date: 9/12/18 Proposed BOS of 10/9  
9/19/18

### PROCESSING DEPARTMENT:

Department: Health & Human Services  
Dept. Contact: Lisa Konyecsni  
Phone: 6901  
Department  
Head Signature: [Signature]

### CONTRACTOR:

Name: Nelson S. Jacinto/Grace Home II  
Address: 9260 Loma Lane  
Orangevale, CA 95662  
Phone: \_\_\_\_\_  
Org Code: 5320

### CONTRACTING DEPARTMENT: Health & Human Services

Service Requested: Long-term, 24 hr program and facilities for mentally ill adults

Contract Term: 6/1/18 - 9/30/21 Contract Value: \$220,000

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

Approved: X Disapproved: \_\_\_\_\_ Date: 9/11/18 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2018 SEP 10 AM 8:57

COUNSEL -- PLEASE FORWARD TO HR/RISK MANAGEMENT -- THANKS!

### HR APPROVAL:

Compliance with Human Resources requirements? Yes: ✓ No: \_\_\_\_\_  
Compliance verified by: [Signature] 9/14/18

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 9/13/18 By: [Signature]  
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: \_\_\_\_\_

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