

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 11-21-2018

Need Date: 12-07-2018

PROCESSING DEPARTMENT:

Department: Health & Human Services
Dept. Contact: Zhana Mc Cullough
Phone: X 7154
Department
Head Signature: *Patricia Charles-Heathers*
Patricia Charles-Heathers,
Ph.D., MPA, Director

CONTRACTOR:

Name: Green Valley Mortuary
Address: 3004 Alexandrite Avenue
Rescue, CA 95672
Phone: _____
Org Code: 5120

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Indigent cremation/burial services.

Contract Term: 04/01/2017 – 03/31/2020 Contract Value: \$110,000

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

Approved: X Disapproved: _____ Date: 11/27/18 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

DEL DORADO COUNTY COUNSEL
218 NOV 21 PM 1:28

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No: _____
Compliance verified by: *[Signature]* 11/30/18

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

Approved: Disapproved: _____ Date: 11/28/18 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: _____

AM8:45 HR/RM 11/28/18