

# 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  
2118 NOV 21 PM 11:28

**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