

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: ~~12/19/2018~~ 12-31-2018

Need Date: ~~1/2/2019~~ 01-11-2019

### PROCESSING DEPARTMENT:

Department: HHSA  
Dept. Contact: Consie Mote  
Phone: X 7118  
Department Head Signature: [Signature] 12/26/18

### CONTRACTOR:

Name: Teri Gelgood, dba Creating Joy Now  
Address: 493 Main Street, Suite D Diamond Springs, CA 95619  
Phone: 530-503-7040  
Org Code: 5130

### CONTRACTING DEPARTMENT: HHSA

Service Requested: Amendment to increase comp and add language to Therapeutic counseling agreement  
Contract Term: 9/1/17-8/31/2020 (No Change) Contract Value: \$215,477

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

Approved: X Disapproved: \_\_\_\_\_ Date: 1/3/19 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2019 DEC 31 AM 10:29

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

### HR APPROVAL:

Compliance with Human Resources requirements? Yes: ✓ No: \_\_\_\_\_  
Compliance verified by: [Signature] 1/10/19

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/4/19 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PM 1:47 HR/PM JAN 8 '19

### OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PM 1:07 HR/PM JAN 9 '19