

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 12/13/18 12/31/18

Need Date: 12/20/18 1/8/19

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: X6901

Department Head Signature: [Signature] 12/28/18

CONTRACTOR:

Name: Sierra Vista Hospital, Inc.
Address: 8001 Bruceville Rd.
Sacramento, CA 95823

Phone: _____

Org Code: 5320

CONTRACTING DEPARTMENT: HHSA

Service Requested: Inpatient acute psychiatric care

Contract Term: 6/10/14 Perpetual Contract Value: \$300,000 per fiscal year

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

Approved: Disapproved: _____ Date: 1/3/19 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2019 DEC 31 AM 0:29

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No: _____

Compliance verified by: [Signature] 1/15/19 PM 4:08 HR/RM JAN 15 2019

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

Approved: Disapproved: _____ Date: 1/14/19 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: _____