

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: ~~12/12/18~~ 01/25/19

Need Date: ~~01/04/19~~ 02/08/19

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Ashley Wells
Phone: X6906
Department
Head Signature: Galvia Clark-Hesk

CONTRACTOR:

Name: WellSpace Health
Address: 1820 J Street
Sacramento, CA 95811
Phone: 916-737-5555
Org Code: 5320

CONTRACTING DEPARTMENT: HHSA – Behavioral Health

Service Requested: Alcohol and drug treatment services.
Contract Term: 11/01/16 – 10/31/19 No Change Contract Value: +205k = \$325,000

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

Approved: X Disapproved: _____ Date: 1/29/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2019 JAN 25 PM 12:59

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: ✓ No: _____
Compliance verified by: [Signature] 2/14/19

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

Approved: ✓ Disapproved: _____ Date: 2/1/19 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: _____