


CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 1/27/20

Need Date: 1/31/20

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: Ext. 6901
Department Head Signature: 
Donald Semon, Director

CONTRACTOR:

Name: EDCA Lifeskills
Address: 893 Spring St.
Placerville, CA 95667
Phone: _____
Org Code: 5310

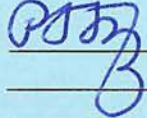
Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: Behavioral Health Division


Service Requested: Senior Peer Counseling

Contract Term: 7/1/18- 6/30/20 Contract Value: \$88,000 (prior current \$80,000)


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

Approved: X Disapproved: _____ Date: 2/4/2020 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL:

Compliance with Human Resources requirements? Yes No: _____
Compliance verified by:  2/6/2020 Lauren Montalvo

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

Approved: ✓ Disapproved: _____ Date: 5 Feb 2020 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

PW4:47 HR/RM FEB 4 '20

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP... THANKS!