

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared:	2/28/20	Need Date:	3/6/20
PROCESSING D	EPARTMENT:	CONTRACTOR:	
Department:	HHSA	Name:	Stanford Youth Solutions
Dept. Contact: Phone:	Lisa Konyecsni	Address:	8912 Volunteer Lane
	Ext. 6901		Sacramento, CA 95826
Department		Phone:	
Head Signature:	Donald Semon, Director	Org Code:	5310, 5320
Auditor/Controller Notified N/A – Under \$100k			
CONTRACTING DEPARTMENT: HHSA – Behavioral Health Division			
Service Requested: Specialty Mental Health Services for Children and Young Adults			
	01/01/19 – 06/30/21	Contract Value	
COLINTY COLINSEL (Must approve all contracts and MOLI's)			
COUNTY COUNSEL: (Must approve all contracts and MOU's), Approved: Disapproved: Date: 3/4/2020 By:			
Approved:	Disapproved:	Date:	By
Approvou.		_ Date:	—— 9· ——
This may be considered a retrocative increase for the			
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			TO C COLUMN COUNTY
			EDC COUNTY COUNSEL 2020 FEB 28 PM12:23
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HR APPROVAL: Compliance with Human Resources requirements? Compliance verified by: No:			
RISK MANAGEMENT: (all contracts & MOU's except boilerplate grant funding contracts)			
Approved:	Disapproved:	Date: 3/4	2020 By Du
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Approved:			By:
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