

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: Yvonne

Head Signature: Kollings, CFO

Digitally signed by Yvonne Kollings, CFO  
DN: cn=Yvonne Kollings, CFO, o=El Dorado  
County, ou=HHS&A,  
email=yvonne.kollings@edc.gov.us, c=US  
Date: 2020.04.13 09:45:31 -0700

**CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Org Code: \_\_\_\_\_

Project String

(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** \_\_\_\_\_

Service Requested: \_\_\_\_\_

Description: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: *Paula Frantz*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

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

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: \_\_\_\_\_

\_\_\_\_\_

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