

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/24/2020

Need Date: 03/30/2020

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Zhana Mc Cullough  
Phone: Ext. 7154  
Department Head Signature: Yvonne Kollings  
Digitally signed by Yvonne Kollings  
DN: cn=Yvonne Kollings, o=HHSA, ou=Fiscal  
Unit, email=yvonne.kollings@edcgov.us,  
c=US  
Date: 2020.03.24 15:56:30 -0700  
Yvonne Kollings, CFO

**CONTRACTOR:**

Name: A Westfall Dental Corporation  
Address: 3358 Sandy Way  
South Lake Tahoe, CA 96150  
Phone: \_\_\_\_\_  
Org Code: 5440  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Review of Amendment 1 to Agreement 4115 for purchase of dental equipment and dental supplies.

Description: Amending Articles I - Payment and Use of Funds, and Article II - Term

Contract Term: 08/06/2019 - 06/30/2021 (changed) Contract Value: \$40,000 (unchanged)

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

Approved:  Disapproved:  Date: 04/09/2020 By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved by Paula F. Frantz, Sr. Deputy County Counsel

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

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Approved by Lauren Montalvo, HR Analyst 4/14/2020

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

Approved:  Disapproved:  Date: 12 Apr 2020 By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved by Robert Schroeder, Risk Manager

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

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

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**