

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/29/2020

Need Date: 06/10/2020

~~Needs to be on the 06-30-2020 Agenda~~

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Zhana Mc Cullough
Phone: Ext. 7154
Department Head Signature: Yvonne Kollings, CFO
Digitally signed by Yvonne Kollings, CFO
DN: cn=Yvonne Kollings, CFO, o=El Dorado County, ou=HHS, email=yvonne.kollings@edcgov.us, c=US
Date: 2020.05.29 16:03:14 -0700
Yvonne Kollings, CFO

CONTRACTOR:

Name: CA Mental Health Services Authority
Address: 3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670
Phone: _____
Org Code: 5310
Project String (if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Amendment 1 - increase term and amount.

Description: JPA Participation Agreement - North Valley Suicide Prevention Hotline

Contract Term: 07/01/2019 - 06/30/2021 (changed) Contract Value: \$17,175 (changed)

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

Approved: Disapproved: Date: 06/01/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.06.01 13:18:01 -0700
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: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2020.06.10 09:17:28 -0700

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

Approved: Disapproved: Date: 06/09/2020 By: SCHROEDER.ROBE
Digitally signed by SCHROEDER.ROBE
RT.R.1188050227
Date: 2020.06.09 08:21:04 -0700
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: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!