CONTRACT AMENDMENT ROUTING SHEET

Date Prepared:	11/06/2020	Need Date:	11/11/2020	
PROCESSING DEPARTMENT:		CONTRACTOR:		
Department:	Health and Human Services Agency	Name:	Netsmart	
Dept. Contact:	Lisa Konyecsni	Address:	Address: 37 Villa Rd., Suite 508	
Phone:	6901		Sacramento, CA 95	833
Department Head Signature:	Vvonne Kollings DN: cn=Vvonne Kollings, o. u, DN: cn=Vvonne Kollings, o. u, DN: cn=Vvonne Kollings, o. u, DN: cn=Vvonne Kollings DN: cn=Vvonne Kollings	Phone:		
	Yvonne Kollings, CFO	Org Code:	5320	
		Project Strir (if applicable	•	
CONTRACTING		an Services Agency - Be	havioral Health Division	on
Service Requeste		<u> </u>		
	nendment adds TeleHealth services, addin /22/17 - 5/31/22 (no change)			
	722/17 - 5/31/22 (no change)	Contract Value	e: <u>\$956,500</u>	
COUNTY COUNS	<u>SEL:</u> (must approve all con <u>trac</u>	cts and MOU's)		
Approved:	✓ Disapproved:	Date: 09/04/2	020 By	
Approved:	✓ Disapproved:	Date:11/12/20	020 By	Paula Frantz Digitally signed by Paula Frantz Date: 2020.11.12 17:32:08
HR APPROVAL: Compliance with	DUNSEL PLEASE FORWARD TO Human Resources requiremen ed by: Lauren Montalvo	ts? Yes:	itally signed by Lauren Montalvo	ANKS!
			e: 2020.09.09 14:44:25 -07'00'	
	IENT APPROVAL: (all contract			
Approved: Approved:	✓ Disapproved: Disapproved:	Date: Date:	By By	-
	/AL: (Specify department(s) p	articipating or dire	ectly affected by	this contract).
Approved:	Disapproved:	Date: 9/15/20	20 By	Tonya Digiorno Digitally signed by Tonya Digiorno Date: 2020.09.15 12:12:31 -07'00'
Approved:	Disapproved:	Date:	By	

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you! 20-1097 A 1 of 1