Agreement # 5061	- Amendment # A2	Legistar # TBD	
Agreement # ***	- Amenament # · -	Legisiai #_ · DD	

## **CONTRACT AMENDMENT ROUTING SHEET**

Date Prepared:	12/28/2020	Need Date:	01/05/2021
PROCESSING D	EPARTMENT:	CONTRACT	ΓOR:
Department:	Health and Human Services Agency	Name:	Maxim Healthcare Staffing Services, Inc.
Dept. Contact:	Lisa Konyecsni	Address:	7227 Lee Deforest Dr.
Phone:	6901	-	Columbia, MD 21046
Department	Digitally signed by Yvonne Kollings	Phone:	
Head Signature:	Yvonne Kollings Kollings Date: 2020.12.28 12:06:39 -08'00'		
_	Yvonne Kollings, CFO	Org Code:	5430
		Project Strin	ng
		(if applicable	e):
CONTRACTING	DEDARTMENT: Hoolth and Huma	an Sarvisas Aganay Ca	mmunity Sondoos
Service Requeste		an Services Agency - Co	minumity Services
•	nendment extends the term, increases the I	NTE_and adds vaccination	on language to scope
	/25/20 - 12/31/21 (prior term date 8/24/21)	Contract Value	
	20/20 12/0 M21 (prior torm date 0/2 M21)	_ Contract value	φ1,000,000 (morodos or φουστή)
COUNTY COUNS	<b>SEL:</b> (must approve all con <u>tra</u> d	cts and MOU's)	
Approved:	✓ Disapproved:	Date: _12/29/20	D20 By: Paula Frantz Digitally signed by Paula Frantz Digitally signed by Paula Frantz
Approved:	Disapproved:	Date:	By:
C	OUNSEL PLEASE FORWARD TO	HR AND RISK MAN	IAGEMENT THANKS!
HR APPROVAL:		. 0	<b>□</b> □
•	Human Resources requiremen		No:
Compliance verifi	ed by: Lauren Montalvo		a: 2020.12.31 10:13:05 -08'00'
RISK MANAGEN	IFNT APPROVAL: (all contrac	cts & MOU's exce	pt boilerplate grant funding contracts
Approved:	✓ Disapproved:	Date: 12/31/20	·
Approved:	Disapproved:	Date:	By:
, ,pp. 6 v 6 d	Bicappieved.		
OTLIED ADDDOL	/Al - (O :f   / - ) -		-N
	/AL: (Specify department(s) page 1	articipating or dire	ectly affected by this contract).
Departments:	Disapprated	Data	D
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By: