

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/28/2021

Need Date: 02/12/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Zhana Mc Cullough
Phone: Ext. 7154
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.01.28 16:12:30
-08'00'
MBA CPA
Nita Wracker, CFO
Health and Human Services Agency

CONTRACTOR:

Name: Ellis Planning Associates, Inc.
Address: 10574 Boulder Street
Nevada City, CA 95959
Phone: _____
Org Code: 5440
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Amendment 1 to Agreement 2892

Description: Extends term, modifies scope of work, and includes new/updated language.

Contract Term: 07/01/2018 - 12/31/21 (extended 6 months) Contract Value: \$62,532 (no change)

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

Approved: Disapproved: Date: 02/17/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.02.17 11:32:21 -08'00'
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: 2021.02.18 16:25:08 -08'00'

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

Approved: Disapproved: Date: 02/10/2021 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2021.02.17 16:58:24 -08'00'
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: _____