

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 09/14/2021

Need Date: 09/17/2021

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Darci Prall  
Phone: 642-7373  
Department  
Head Signature: \_\_\_\_\_  
Nita Wracker, Agency CFO

**CONTRACTOR:**

Name: Maxim Healthcare Staffing Services, Inc.  
Address: 7227 Lee Deforest Dr.  
Columbia, MD 21046  
Phone: \_\_\_\_\_  
Org Code: 5430  
Project String  
(if applicable): \_\_\_\_\_

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

Service Requested: 2nd review of new draft 09.14.21 (Original draft 06.08.21 reviewed and approved - CRS attached)

Description: Additional scope added, term and NTE changed

Contract Term: 08/25/20-06/30/23 Contract Value: \$2,000,000.00

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

Approved:  Disapproved:  Date: 09/16/2021 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Original #5061 approved 8/17/20, AMDT I approved 9/4/20, AMDT II approved 12/29/20

**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: 2021.09.17 09:21:03 -07'00'

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

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
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](mailto:hhsa-contracts@edcgov.us) Thank you!**