



CHANGE ORDER

Date: 11/12/20
 Order Number: CN23714
 Change Number: 1
 Department Name: Behavioral Wellness
 Customer Number: 043
 Requested By: Ana Bello
 Phone #: 805-681-5229

Supplier Name and Address:

ATTN: LINDA HUA

RESOURCE DEVELOPMENT ASSOCIATES
2333 HARRISON STREET
OAKLAND, CA 94612

Note to Supplier:

This is a change in the order specified, under which you are supplying us with certain goods or services. If the change is not acceptable to you, or you require additional data, please contact the Buyer identified below (or on the original order). No reply is awaited.
 If you do not object to this change in writing prior to taking any further action in fulfilling the order (with all changes), you will be presumed to concur with this change and you will be bound by its terms.

The following change is requested and authorized:

Change Order to FY 19-21 to update agreement end date to 12/31/20 and reduce amount by \$100,000 for total contract maximum not to exceed \$100,000.

Insurance current and on file.

Department Input - Does this Change-Order involve Federal Funds (circle one):

No

Yes (Federal Super Circular requirements apply)

Christopher D. Shurland

Digitally signed by Christopher D. Shurland

Date: 2020.11.23 09:36:42 -08'00'

Authorized Departmental Signature

Christopher Shurland

Printed Name

805-681-5236

Phone (7 digit)

Emily Case

Buyer

Printed Name

11/23/2020

Date

805/

Phone (7 digit)

CHANGE ORDER ENCUMBRANCE (This section for County Use Only)

(Refer to FIN Manual for Encumbrance Form Instructions)

Batch ID:

Choose what you want to do:

O	Enter Original Encumbrance
I	Increase Encumbrance
R	Reduce Encumbrance

Posting Date

/ /

Audit Trail #

Document # ENC

	Action	Contract/P.O.#	Vendor#	Fund	Dept No	Line Item Account	Amount	Program	Org Unit	Project	Desc ID	
1	O	CN23714		0049	043	7460	\$200,000	6800	0000		A	
2	R	CN23714		0049	043	7460	-\$100,000	6800				
3												
4												
5												
Total							\$100,000					

A FY 19-21 Purchase Req

B Reduce amount by \$100,000

Ana Bello
Form Prepared By

805-681-5229
Phone #

Deputy Auditor-Controller

Date