REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☑ Resolution ☐ Ordinance ☐ Policy ☐ Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 8/27/25 Need Date: 9/12/25

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Courtney Jenkins
Phone: x7154
Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.09.03 16:18:52 -07'00'
Title: Administrative Analyst Su

Org Code: 5110100
Funding Source:
PL String:
Legistar #: 25-1515

CONTRACT INFORMATION

CONTRACT #: CONTRACT AMENDMENT #:

Contracting Department:
Contractor/Vendor Name:
Contract Term: Contract Value:

Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: Transitional Housing Program (THP) Round 7 & Housi
NUMBER (If Assigned): TBD

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 9/5/25 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk Date: 2025.09.05 15:29:47 -07'00'
Approved ☐ Disapproved ☐ Date: By:

COMMENTS

CONTRACT AMENDMENT ONLY

HR APPROVAL

Compliance with Human Resources requirements? Yes: ☐ No: ☐
Compliance verified by:

RISK APPROVAL

Approved ☐ Disapproved ☐ Date: By:
Approved ☐ Disapproved ☐ Date: By:

COMMENTS