

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☒ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 12/9/25

Need Date: _____

PROCESSING DEPARTMENTDepartment: HSAOrg Code: 5110100Dept Contact: Khrista Ringnes

Funding Source: _____

Phone: x7118

PL String: _____

Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2025.12.09 12:22:16 -08'00'Legistar #: 25-1949Title: Admin Analyst Supervisor**CONTRACT INFORMATION**CONTRACT #: 7716CONTRACT AMENDMENT #: IContracting Department: HSA - Protective ServicesContractor/Vendor Name: ProbationContract Term: 02/12/23 - 10/31/26 Contract Value: \$37,452.14*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: _____

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Interdepartmental MOU

COUNTY COUNSELApproved ☒ Disapproved ☐ Date: 12/10/25By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2025.12.10 08:32:45 -08'00'Approved ☐ Disapproved ☐ Date: _____

By: _____

COMMENTS**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVALApproved ☐ Disapproved ☐ Date: _____

By: _____

Approved ☐ Disapproved ☐ Date: _____

By: _____

COMMENTS _____