

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 12/9/25

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
 Dept Contact: Khrista Ringnes
 Phone: x7118
 Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2025.12.09 12:22:16 -08'00'
 Title: Admin Analyst Supervisor

Org Code: 5110100
 Funding Source: _____
 PL String: _____
 Legistar #: 25-1949

CONTRACT INFORMATIONCONTRACT #: 7716CONTRACT AMENDMENT #: 1Contracting Department: HHSA - Protective ServicesContractor/Vendor Name: ProbationContract Term: 02/12/23 - 10/31/26Contract 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 COUNSELInterdepartmental MOU**COUNTY COUNSEL**

Approved Disapproved Date: 12/10/25
 Approved Disapproved Date: _____

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2025.12.10 08:32:45 -08'00'

By: _____

COMMENTS _____

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

Compliance verified by: _____

RISK APPROVAL

Approved Disapproved Date: _____
 Approved Disapproved Date: _____

By: _____

By: _____

COMMENTS _____