

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**Date Prepared: 5/19/26Need Date: 6/15/26**PROCESSING DEPARTMENT**Department: CAO-CDFA on Behalf of ElOrg Code: 3800000Dept Contact: Beth Henry

Funding Source: _____

Phone: x5905PL String: 38000001-38INDIRECT-38NADept. Signature: Becky MortonLegistar #: 25-1942

Title: _____

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: Fee Update Resolution

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 6/15/2026 By: TEED DANIEL WOOD
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTSAPPROVED AS TO FORM - TDW**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
