

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 4/21/26

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Max Hudock
Phone: X6921
Dept. Signature: Alisha A. Bryden
Title: AAS

Org Code: _____
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: 10254

CONTRACT AMENDMENT #: _____

Contracting Department: HHSA

Contractor/Vendor Name: Maximus US Services, Inc.

Contract Term: 7/1/26-6/30/29 Contract Value: \$285,000

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

HHSA Agreement for Services #10254 with Maximus US Services, Inc. for application assistance for HHSA HDAP clients

COUNTY COUNSEL

Approved Disapproved Date: 5/6/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.05.06 14:12:32 -07'00'
By: _____

COMMENTS

with comments as noted in email.

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