

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 11/19/25

Need Date: 12/9/25

**PROCESSING DEPARTMENT**

Department: HHSA  
Dept Contact: Brian Michaelson  
Phone: X6922  
Dept. Signature: Alisha Bryden  
Title: AAS

Org Code: 5310100  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: \_\_\_\_\_

**CONTRACT INFORMATION**

CONTRACT #: 9982

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: HHSA BH

Contractor/Vendor Name: Department of Health Care Services

Contract Term: 7/1/25-6/30/31

Contract Value: \$0

*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**

Non Financial agmt to allow county to keep Crisis Care Mobile Unit Van funded by AHP Grant

**COUNTY COUNSEL**

Approved  Disapproved  Date: 4/14/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.04.14 13:05:54 -07'00'

**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: 5/13/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Karen Bianchini Digitally signed by Karen Bianchini  
Date: 2026.05.13 08:19:38 -07'00'

**COMMENTS** For process only