

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 9/17/25Need Date: 10/1/25**PROCESSING DEPARTMENT**

Department: District Attorney
Dept Contact: Justene Cline
Phone: 530-621-5640
Dept. Signature: Kerri Williams-Horn
Title: Agency Chief Fiscal Officer

Org Code: 2200000
Funding Source: CalOES VOCA/VCGF
PL String: 22CALOESAT-C40SERSUP
Legistar #: TBD

CONTRACT INFORMATIONCONTRACT #: N/A - Grant CONTRACT AMENDMENT #: N/A

Contracting Department: District Attorney
Contractor/Vendor Name: CalOES
Contract Term: 1/1/26-12/31/26 Contract Value: 257,500

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

Review Child Abuse Treatment (AT) Program Request for Proposal, Certificate of Assurances,
for period
1/1/26-12/31/26 in the funding amount of \$257,500 (total project amount of \$293,30 w/ match).

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 10/16/25
Approved ☐ Disapproved ☐ Date: _____

By: Roger A. Runkle Digitally signed by Roger A. Runkle
Date: 2025.10.16 11:04:01 -0700
By: _____

COMMENTS**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