

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 10/29/25Need Date: 11/3/25**PROCESSING DEPARTMENT**

Department: HHSA
 Dept Contact: Brian Michaelson
 Phone: X 6922
 Dept. Signature: Alisha Bryden Digital signature by Alisha Bryden
Date: 2025.10.29 16:51:58 -07'00'
 Title: AAS

Org Code: 5310100
 Funding Source: _____
 PL String: _____
 Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: N/A

CONTRACT AMENDMENT #: _____

Contracting Department: HHSA BHContractor/Vendor Name: DHCS

Contract Term: _____

Contract Value: _____

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

Sample funding in BHCIP agreement will follow and be reviewed by Counsel then, should have very minimal changes from this sample

COUNTY COUNSEL

Approved Disapproved Date: 11/4/25
 Approved Disapproved Date: _____

By: Nicole C. Wright Digital signature by Nicole C. Wright
Date: 2025.11.04 16:59:35 -08'00'
 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: _____
 Approved Disapproved Date: _____

By: _____
 By: _____

COMMENTS _____