

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 10/29/25

Need Date: 11/3/25

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Brian Michaelson
Phone: X 6922
Dept. Signature: Alisha Bryden
Title: AAS

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

CONTRACT INFORMATION

CONTRACT #: N/A

CONTRACT AMENDMENT #: _____

Contracting Department: HHSA BH

Contractor/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 Digitally signed 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