

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 3/3/26

Need Date: 3/17/26

PROCESSING DEPARTMENT

Department: Sheriff's Office
Dept Contact: Katie Cruickshank
Phone: 530-621-5609
Dept. Signature: Monica Ferguson
Title: _____

Org Code: 2420200
Funding Source: _____
PL String: _____
Legistar #: 26-0493

CONTRACT INFORMATION

CONTRACT #: _____ CONTRACT AMENDMENT #: _____

Contracting Department: Sheriff's Office
Contractor/Vendor Name: State of CA EPIC Program
Contract Term: 7/1/26-10/30/26 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

Review MOU with the State of CA Eradication and Prevention of Illicit Cannabis Program (EPIC)

COUNTY COUNSEL

Approved Disapproved Date: 3/10/26
Approved Disapproved Date: _____

By: Stephen Mansell Digitally signed by Stephen Mansell
Date: 2026.03.10 11:25:26 -07'00'
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