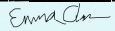


REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 5/14/25Need Date: 6/4/25**PROCESSING DEPARTMENT**Department: CAO - FiscalOrg Code: 1230100Dept Contact: Serena LemmonsFunding Source: EMSPhone: x5804PL String: N/ADept. Signature:  Digitally signed by Emma Owens
Date: 2025.05.16 11:12:22 -07'00'Legistar #: 24-0563Title: Principal Mgmt Analyst**CONTRACT INFORMATION**

CONTRACT #: _____

CONTRACT AMENDMENT #: _____

Contracting Department: CAOContractor/Vendor Name: Marshall MedicalContract Term: Execution, perpetual Contract Value: non-financial MOU*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 COUNSELAs a requirement of the hospital's continued participation in HRSA's 340B program, Marshall Hospital has requested an update to this MOU to include Tiffany's signature.**COUNTY COUNSEL**Approved ☒ Disapproved ☐ Date: 6/4/25By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2025.06.04 13:44:31 -07'00'Approved ☐ Disapproved ☐ Date: _____

By: _____

COMMENTS with edits as noted in email.**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVALApproved ☐ Disapproved ☐ Date: _____

By: _____

Approved ☐ Disapproved ☐ Date: _____

By: _____

COMMENTS _____