

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 2/25/26

Need Date: _____

PROCESSING DEPARTMENT

Department: HSA
Dept Contact: Khrista Ringnes
Phone: x7118
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5110100
Funding Source: _____
PL String: _____
Legistar #: 26-0409

CONTRACT INFORMATION

CONTRACT #: 8676

CONTRACT AMENDMENT #: Amd II

Contracting Department: HSA - Protective Services

Contractor/Vendor Name: Shamanic Living Center dba Recovery in Action

Contract Term: 11/1/24-10/31/27 Contract Value: \$500,000

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 of second amendment

COUNTY COUNSEL

Approved Disapproved Date: 3/13/26
Approved Disapproved Date: 4/24/26

By: Nicole C. Wright / Digitally signed by Nicole C. Wright
Date: 2026.03.13 12:57:58 -07'00'
By: Daniel Vandekoolwyk / Digitally signed by Daniel Vandekoolwyk
Date: 2026.04.24 14:56:54 -07'00'

COMMENTS

CONTRACT AMENDMENT ONLY

HR APPROVAL

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: _____

RISK APPROVAL

Approved Disapproved Date: 4/27/26
Approved Disapproved Date: _____

By: Karen Bianchini / Digitally signed by Karen Bianchini
Date: 2026.04.27 15:59:28 -07'00'

COMMENTS