

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 2/19/26

Need Date: _____

PROCESSING DEPARTMENT

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

Org Code: 5110100
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: n/a

CONTRACT AMENDMENT #: n/a

Contracting Department: HHSA - Protective Services

Contractor/Vendor Name: n/a

Contract Term: n/a Contract Value: n/a

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 Resolution that authorizes HHSA Protective Services Assistant Director, or designee to sign the State of California forms and related addendums for group home, foster family agency, short-term residential therapeutic program agreements required by CDSS.

COUNTY COUNSEL

Approved Disapproved Date: 4/10/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.04.10 09:21:21 -07'00'
By: _____

COMMENTS

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