

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 7/2/25

Need Date: _____

PROCESSING DEPARTMENTDepartment: HHSADept Contact: Brian Michaelson

Phone: _____

Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2025.07.02 13:23:00 -07'00'Title: Admin Analyst SupervisorOrg Code: 5320200

Funding Source: _____

PL String: _____

Legistar #: 25-1227**CONTRACT INFORMATION**CONTRACT #: 9726

CONTRACT AMENDMENT #: _____

Contracting Department: HHSA BHContractor/Vendor Name: CA DHCSContract Term: 7/1/25-12/31/26Contract Value: 0*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 COUNSELDMC-ODS Funding In with State and associated CONTRACTOR CERTIFICATION CLAUSES**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 7/23/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2025.07.23 16:53:05 -07'00'
By: _____

COMMENTSapproved as to form with comments 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