

**REVIEW AND APPROVAL REQUESTED FOR:**

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

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 7/21/25Need Date: 8/4/25**PROCESSING DEPARTMENT**

Department: HHSA  
Dept Contact: Max Hudock  
Phone: X6921  
Dept. Signature: Alisha Bryden  
Title: Admin Analyst Supervisor

Org Code: 5110100  
Funding Source: CDSS Flexible Family Supports  
PL String: \_\_\_\_\_  
Legistar #: 25-1124

**CONTRACT INFORMATION**CONTRACT #: 9693

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: HHSAContractor/Vendor Name: ASPIREKidsContract Term: Execution-6/30/26Contract Value: \$10,000

*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**Funding Out Agreement with ASPIREKids for a NTE of \$10,000 through 6/30/26**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 7/25/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Nicole C. Wright  
By: \_\_\_\_\_

Digitally signed by Nicole C. Wright  
Date: 2025.07.25 13:19:15 -07'00'

**COMMENTS**with edits 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**