

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 5/13/25Need Date: 5/13/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Lisa Konyecsni
Phone: 295-6901
Dept. Signature: Lisa Konyecsni
Title: Sr. Admin Analyst

Org Code: 5310100
Funding Source: BHCIP
PL String: _____
Legistar #: 25-0939

CONTRACT INFORMATION

CONTRACT #: _____

CONTRACT AMENDMENT #: _____

Contracting Department: _____

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.

ORDINANCE/RESOLUTION/POLICY INFORMATIONTITLE / SUBJECT: Reso for BHCIP Round 1 Application

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 5/13/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.05.13 14:15:59 -07'00'

COMMENTS

with edits as noted in email.

CONTRACT AMENDMENT ONLY**HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

Approved ☐ Disapproved ☐ Date: _____ By: _____
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS _____