

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 8/26/25Need Date: 9/10/25**PROCESSING DEPARTMENT**Department: HHSOrg Code: 5210100Dept Contact: Courtney Jenkins

Funding Source: _____

Phone: x7154

PL String: _____

Dept. Signature: Alisha Bryden Digitally signed by Alisha B ryden
Date: 2025.08.27 15:28:46 -0700'Legistar #: 25-1513Title: Administrative Analyst Supervisor**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 INFORMATION**TITLE / SUBJECT: Permanent Local Housing Allocation (PLHA) ResolutionNUMBER (If Assigned): TBD**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 9/9/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2025.09.09 16:36:06 -0700'
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
