

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/29/25

Need Date: _____

PROCESSING DEPARTMENT

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

Org Code: 5130
Funding Source: Federal and State
PL String: 51ADMIN-51M-OPEXP
Legistar #: n/a

CONTRACT INFORMATIONCONTRACT #: 9333CONTRACT AMENDMENT #: n/aContracting Department: HHSA - Protective ServicesContractor/Vendor Name: Evident ChangeContract Term: 07/01/25 - 06/30/29 Contract Value: \$60,239

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

Internet access to SafeMeasures, proprietary subscription reporting service.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 2/26/25
Approved ☐ Disapproved ☐ Date: _____

By: Daniel Vandekoolwyk
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