**REVIEW AND APPROVAL REQUESTED FOR:**

☐ Contract ☑ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel**
**REVIEW ROUTING SHEET**

Date Prepared: 8/11/25 Need Date: _____

**PROCESSING DEPARTMENT**

Department: HHSA Org Code: 5110100
Dept Contact: Max Hudock Funding Source: _____
Phone: X6921 PL String: _____
Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.08.11 10:28:11 -07'00' Legistar #: 25-1340
Title: AAS

**CONTRACT INFORMATION**

CONTRACT #: 8062 CONTRACT AMENDMENT #: 1

Contracting Department: HHSA
Contractor/Vendor Name: Susan Stoeffler MFT
Contract Term: 3/1/24-2/28/27 Contract Value: $150,000

*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**

Amendment I to Agreement for Services #8062 with Susan Stoeffler MFT to update standard contract articles, increase the NTE to $150,000, and update the billing rates and service authorizations

**COUNTY COUNSEL**

Approved ☑ Disapproved ☐ Date: 8/14/25 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk Date: 2025.08.14 07:07:21 -07'00'
Approved ☐ Disapproved ☐ Date: _____ By: _____

**COMMENTS** _____

**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements? Yes: ☑ No: ☐
Compliance verified by: Misty Garcia Digitally signed by Misty Garcia Date: 2025.09.02 16:17:12 -07'00'

**RISK APPROVAL**

Approved ☑ Disapproved ☐ Date: 8/28/25 By: Karen M. Bianchini Digitally signed by Karen M. Bianchini Date: 2025.08.28 14:55:47 -07'00'
Approved ☐ Disapproved ☐ Date: _____ By: _____

**COMMENTS** _____