

**REVIEW AND APPROVAL REQUESTED FOR:**

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

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 10/8/25Need Date: 10/20/25**PROCESSING DEPARTMENT**

Department: HHS  
Dept Contact: Brian Michaelson  
Phone: X6922  
Dept. Signature: Alisha Bryden  
Title: AAS

Org Code: 5310100  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: \_\_\_\_\_

**CONTRACT INFORMATION**CONTRACT #: 4330CONTRACT AMENDMENT #: 3Contracting Department: HHS BHContractor/Vendor Name: Telecare CorpContract Term: 1/1/20-06/30/26Contract Value: \$38,428,086

*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**

Extending term for six months with the option to extend for another six and adding \$3.55 million with the option to add another \$3.55 million if the option to extend is exercised which would be a total change of \$7.1 million

**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 10/31/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

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

Digitally signed by Nicole C. Wright  
Date: 2025.10.31 11:38:55 -07'00'

**COMMENTS**

with comments as noted in email.

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

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved ☒ Disapproved ☐ Date: 10/31/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Karen M. Bianchini  
By: \_\_\_\_\_

Digitally signed by Karen M. Bianchini  
Date: 2025.10.31 12:51:22 -07'00'

**COMMENTS**