

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 12/8/25

Need Date: 1/29/26

**PROCESSING DEPARTMENT**

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

Org Code: 5110100  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: \_\_\_\_\_

**CONTRACT INFORMATION**

CONTRACT #: 10004

CONTRACT AMENDMENT #: n/a

Contracting Department: HHSA Protective Services

Contractor/Vendor Name: County of Alpine

Contract Term: Perpetual upon execut Contract Value: \_\_\_\_\_

*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**

Review of MOU with Alpine County for provision of CWS services.  
\_\_\_\_\_  
\_\_\_\_\_

**COUNTY COUNSEL**

Approved  Disapproved  Date: 1/23/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk  
Date: 2026.01.23 16:41:28 -08'00'  
By: \_\_\_\_\_

**COMMENTS**

**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**