

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 7/24/25

Need Date: _____

PROCESSING DEPARTMENT

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

Org Code: 5110100
Funding Source: State & Federal
PL String: 51ADMIN-51AA-MISC
Legistar #: 25-1348

CONTRACT INFORMATIONCONTRACT #: 9712CONTRACT AMENDMENT #: n/aContracting Department: HHSA- Self SufficiencyContractor/Vendor Name: Exemplar Analytics CorpContract Term: 3 yrs upon executionContract Value: \$576,000

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 COUNSELReview of Agreement #9712 with Exemplar Analytics.**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 8/5/25
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