REVIEW AND AP	PROVAL REQUESTED FOR:	
✓ Contract	Amendment Resolu	tion Ordinance Policy Other
County Counsel REVIEW ROUTING SHEET		
Date Prepared:	7/23/25	Need Date: 8/6/25
PROCESSING DEPARTMENT		
	HHSA	Org Code: 5110100
Dept Contact:		Funding Source:
Phone:	X6921 Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.07.22 11:31:59-0700	PL String:
Title:	Admin Analyst Supervisor	Legistar #:
CONTRACT INFO		
CONTRA	CT #: 9740	CONTRACT AMENDMENT #:
Contracting Department: HHSA		
Contractor/Vendor Name: County of Calaveras		
Contract Term: 11/1/25-10/31/28 Contract Value: \$0		
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 Administrative Financial Operational MOU with Calaveras County #9740 for Disaster CALFresh mutual aid. Will need Board approval as possibility for financial.		
Approved Approved Disapproved Date: 7/24/25 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk Date: 2025.07.24 16:28:49 -07'00' By:		
CONTRACT AMENDMENT ONLY HR APPROVAL Compliance with Human Resources requirements? Yes: No: Compliance verified by:		
Approve	· ·	e: By:
Approved Disapproved Date: By:		
COMMENTS		