

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 7/23/25Need Date: 8/6/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Max Hudock
Phone: X6921
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5110100
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 9740

CONTRACT AMENDMENT #: _____

Contracting Department: HHSAContractor/Vendor Name: County of CalaverasContract 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.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 7/24/25
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