

**REVIEW AND APPROVAL REQUESTED FOR:**

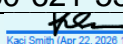
Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/22/26

Need Date: 5/13/26

**PROCESSING DEPARTMENT**

Department: Probation  
Dept Contact: Jackie Cook  
Phone: 530-621-5588  
Dept. Signature:   
Title: Chief Probation Officer

Org Code: 2500000  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: 26-0760

**CONTRACT INFORMATION**

CONTRACT #: N/A

CONTRACT AMENDMENT #: N/A

Contracting Department: Probation

Contractor/Vendor Name: California Department of Health Care Services (DHCS)

Contract Term: 0 Contract Value: grant award of \$300,000

*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 COUNSEL**

Review Terms and Conditions for acceptance of DHCS' Providing Access and Transforming Health (PATH) Round 4 grant award to Probation in the amount of \$300,000.

Attached are the T&C and the grant application.

**COUNTY COUNSEL**

Approved  Disapproved  Date: 5/14/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.05.14 10:43:21 -07'00'  
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**