

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 12/19/25

Need Date: _____

PROCESSING DEPARTMENT

Department: HSA
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 #: 10003

CONTRACT AMENDMENT #: n/a

Contracting Department: HSA - Protective Services

Contractor/Vendor Name: The Center for Violence-Free Relationships

Contract Term: 4/1/26-3/31/29 Contract Value: \$200,000

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 of therapeutic counseling agreement.

COUNTY COUNSEL

Approved Disapproved Date: 1/16/26
Approved Disapproved Date: _____

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2026.01.16 17:40:00 -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