

**REVIEW AND APPROVAL REQUESTED FOR:**

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

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 12/8/25Need Date: 12/19/25**PROCESSING DEPARTMENT**

Department: Clerk of the Board  
Dept Contact: Kim Dawson  
Phone: 530-621-5393  
Dept. Signature: Kim Dawson Digitally signed by Kim Dawson  
Date: 2025.12.08 08:05:40 -08'00'  
Title: Clerk of the Board

Org Code: 0100000  
Funding Source: General Fund  
PL String: N/A  
Legistar #: 25-2034

**CONTRACT INFORMATION**

CONTRACT #: \_\_\_\_\_

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**TITLE / SUBJECT: H-3: Consent Calendar Policy

NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Please review Consent Calendar Policy H-3 with the recommended changes provided by the Board of Supervisors.

**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 12/24/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: David Livingston Digitally signed by David Livingston  
Date: 2025.12.24 09:17:36 -08'00'  
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**