

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 9/17/25Need Date: 10/1/25**PROCESSING DEPARTMENT**

Department: District Attorney
Dept Contact: Justene Cline
Phone: 530-621-5640
Dept. Signature: Kerri Williams-Horn
Title: Agency Chief Fiscal Officer

Org Code: 22000000
Funding Source: CalOES VOCAN/CGF
PL String: 22CALOESAT-C40SERSUP
Legistar #: TBD

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: Resolution - 25.26 AT (not-executed)NUMBER (If Assigned): TBD**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Review Child Abuse Treatment (AT) Program authority resolution for period
1/1/26-12/31/26 in the funding amount of \$257,500 (total project amount of \$293,30 w/ match).

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 10/16/25
Approved ☐ Disapproved ☐ Date: _____

By: Roger A. Runkle Digitally signed by Roger A. Runkle
Date: 2025.10.16 11:03:06 -07'00'
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