

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 12/8/25Need Date: 12/11/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Kristy Fackrell
Phone: x6919
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5310100
Funding Source: _____
PL String: _____
Legistar #: 25-2044

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: Exemption BHSA svcs resulting from BHSA IP Plan
NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Resolution to exempt Board Procurement Policy C-17 Competitive Bidding Requirements for
specified Behavioral Health Services Act services during Fiscal Years 2026-2029.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 12/15/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.12.15 13:32:40 -08'00'

COMMENTS

with edits as noted in email.

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