

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 4/10/26

Need Date: 4/24/26

PROCESSING DEPARTMENT

Department: HSA
Dept Contact: Brian Michaelson
Phone: X 6922
Dept. Signature: Brian P. Michaelson
Title: Sr. Admin Analyst

Org Code: 5000000
Funding Source: _____
PL String: _____
Legistar #: _____

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: FY 26/27 BH Signature Authority Resolution

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

An annual Resolution giving signature authority to HSA Director, CAD, or BH Director for reoccurring allocations from DHCS.

COUNTY COUNSEL

Approved Disapproved Date: 4/27/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.04.27 16:33:29 -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