REVIEW AND APPROVAL REQUESTED FOR:	
✓ Contract Amendment Resolu	ition Ordinance Policy Other
County Counsel	
REVIEW ROUTING SHEET	
Date Prepared: 8/15/25	Need Date: 8/29/25
Date Prepared. <u></u>	Need Date
PROCESSING DEPARTMENT	
Department: <u>HHSA</u>	Org Code: <u>5310100</u>
Dept Contact: Brian Michaelson	Funding Source:
Phone: X 6922 Dept. Signature: Alisha Bryden Digitally signed by Alisha B	PL String:
Dept. Signature: AAS Title: AAS	Legistar #:
	•
CONTRACT INFORMATION	
CONTRACT #: 9782	CONTRACT AMENDMENT #:
Contracting Department: HHSA BH	
Contractor/Vendor Name: DHCS	
Contract Term: 7/1/25-12/31/26	Contract Value: 0
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 MHP Funding In Agreement	
Willie Fulliding in Agreement	
COUNTY COUNSEL	
Approved Disapproved Date: 9/1	1/25 By: Nicole C. Wright Digitally signed by Nicole C. Wright Date: 2025.09.11 11:05:36-07'00'
Approved Disapproved Date:	By:
COMMENTS	
with comments as noted in email	
CONTRACT AMENDMENT ONLY	
HR APPROVAL	
Compliance with Human Resources requirements? Yes: No:	
Compliance verified by:	
RISK APPROVAL	
Approved Disapproved Date	e: By:
	e: By:
COMMENTS	