REVIEW AND APPROVAL REQUESTED FOR:

☑ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 8/15/25 Need Date: 8/29/25

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Brian Michaelson
Phone: X 6922
Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.08.15 12:28:55 -07'00'
Title: AAS

Org Code: 5310100
Funding Source:
PL String:
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

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 9/11/25 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: By:
Approved ☐ Disapproved ☐ Date: By:

COMMENTS