

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/1/26

Need Date: 4/15/26

**PROCESSING DEPARTMENT**

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

Org Code: 5320200  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: 26-0326

**CONTRACT INFORMATION**

CONTRACT #: 10111

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: HSA Behavioral Health

Contractor/Vendor Name: Marshall Medical Center

Contract Term: 7/1/26-6/30/29 Contract Value: \$750,000

*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**

Funding Out Agreement 10111 with Marshall Medical Center  
\_\_\_\_\_  
\_\_\_\_\_

**COUNTY COUNSEL**

Approved  Disapproved  Date: 4/14/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.04.14 16:25:26 -07'00'  
By: \_\_\_\_\_

**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: \_\_\_\_\_ By: \_\_\_\_\_  
Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_