

REVIEW AND APPROVAL REQUESTED FOR:

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

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 5/6/25Need Date: 5/21/25**PROCESSING DEPARTMENT**

Department: CAO - EMS Division
Dept Contact: Serena Lemmons
Phone: x5804
Dept. Signature: Sue Hennike
Title: Asst Chief Admin Officer

Org Code: 1210100
Funding Source: EMS - CSA 3
PL String: N/A
Legistar #: 25-0616

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 INFORMATIONTITLE / SUBJECT: FY25/26 CSA 3 Benefits Assessment Resolution

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Review Resolution for FY25/26 CSA 3 Benefits Assessment. Resolution has no
notable changes from the prior FY. Only dates have been changed.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 5/15/25
Approved ☐ Disapproved ☐ Date: _____

By: Kathleen A. Markham
By: _____

COMMENTS**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 _____