

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 3/11/25Need Date: 3/25/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Max Hudock
Phone: X6921
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5210100
Funding Source: _____
PL String: _____
Legistar #: 25-0305

CONTRACT INFORMATIONCONTRACT #: 9404

CONTRACT AMENDMENT #: _____

Contracting Department: HHSAContractor/Vendor Name: Edwards A1 ApplianceContract Term: 7/1/25-6/30/28 Contract Value: \$450,000

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

Agreement for Services #9404 with Edwards A1 Appliance for weatherization services

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 3/28/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.03.28 12:41:29 -07'00'

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 _____
