

**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 #: 25-0642

**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 INFORMATION**TITLE / SUBJECT: Resolution to waive CSA3 repayment of GF contributi

NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Review Resolution to waive repayment by CSA 3 for FY24/25 DTOT General Fund  
contributions.

**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 5/27/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Kathleen A. Markham  
By: \_\_\_\_\_

**COMMENTS** Approved as to form only**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** \_\_\_\_\_