<b>REVIEW AND A</b>	PPROVAL REQUESTED	FOR:				
<b>✓</b> Contract	Amendment	Resolution	Ordina	nce	Policy	Other
County Counsel						
REVIEW ROUTING SHEET						
Date Prepared:	7/30/25	·····	Need Date:			
PROCESSING D	EPARTMENT					
Department:	HHSA	·	Org Code: 5110100			
Dept Contact:		<del> </del>	Funding Source:			
Phone: Dent Signature	X6921 Alisha Bryden Digitally signed by Date: 2025.08.01	/ Alisha Bryden 10:26:44 -07'00'	PL String:			
Title:	AAS		Legistar #: <u>25-1329</u>			
CONTRACT INF	ORMATION					
CONTRACT #: 9758			CONTRACT AMENDMENT #:			
Contrac	ting Department: HHS	SA				
Contractor/Vendor Name: County of Tuolumne						
Contract Term: 11/1/25-10/31/28 Contract Value: No Limit						
Note - HR & RIS	SK review will take plac	e during Fenix	Contract wo	orkflow -	amendme	nts see below.
ORDINANCE/RE	SOLUTION/POLICY INI	FORMATION				
TITLE / SUBJECT:						
NUMBER (If Assigned):						
Administrative	ND ADDITIONAL NOTE Financial Operationa tual aid. Will need Bo	al MOU with	Tuolumne C	County #		Disaster
COUNTY COUNS	SEL					
Approved Approved COMMENTS		ate: <u>8/5/25</u> ate:				Digitally signed by Daniel Vandekoolwyk Date: 2025.08.05 17:06:37 -07'00'
	ENDMENT ONLY					
Compliance	with Human Resources verified by:	•			No:	
RISK APPRO Approv Approv	ved Disapproved	Date:				
COMMENTS						