

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 10/2/25Need Date: 10/16/25**PROCESSING DEPARTMENT**

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

Org Code: 5000000
Funding Source: _____
PL String: _____
Legistar #: 25-1679

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 XXX-2025 Behavioral Health Fee Schedule
NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSELResolution Review- BH Fee Schedule**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 10/14/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.10.14 12:24:01 -07'00'

COMMENTSwith 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