

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 4/15/26

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Max Hudock
Phone: X6921
Dept. Signature: Alisha A. Bryden
Title: AAS

Org Code: 5320200
Funding Source: _____
PL String: _____
Legistar #: 26-0326

CONTRACT INFORMATION

CONTRACT #: 10110

CONTRACT AMENDMENT #: _____

Contracting Department: HHSA

Contractor/Vendor Name: County of El Dorado Public Defender/District Attorney

Contract Term: 7/1/26-6/30/29 Contract Value: \$972,627

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

Funding Out Agreement 10110 with County of El Dorado Public Defender and District Attorney for Opioid Settlement Funds

COUNTY COUNSEL

Approved Disapproved Date: 5/15/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.05.15 11:14:45 -07'00'
By: _____

COMMENTS

with 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