

**REVIEW AND APPROVAL REQUESTED FOR:**

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

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 10/3/25

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT**

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

Org Code: 5210140  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: \_\_\_\_\_

**CONTRACT INFORMATION**CONTRACT #: 9619

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: HHSA  
Contractor/Vendor Name: California Health Collaborative  
Contract Term: 7/1/24-6/30/26 Contract Value: \$25,000

*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**

Funding In agreement 9619 with California Health Collaborative for Multipurpose Senior Services Program (MSSP)

**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 6/24/25  
Approved ☒ Disapproved ☐ Date: 10/14/25

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2025.06.24 12:43:40 -07'00'  
By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2025.10.14 14:20:07 -07'00'

**COMMENTS**

with edits as noted in email.  
with comments as noted in email. NCW 10-14-25

**CONTRACT AMENDMENT ONLY****HR APPROVAL**

Compliance with Human Resources requirements? Yes: ☐ No: ☐  
Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved ☒ Disapproved ☐ Date: 6/26/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Karen M. Bianchini Digitally signed by Karen M. Bianchini  
Date: 2025.06.26 10:45:51 -07'00'  
By: \_\_\_\_\_

**COMMENTS** \_\_\_\_\_