

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 6/11/26Need Date: 6/19/26**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 #: 26-0803

CONTRACT INFORMATIONCONTRACT #: 10337

CONTRACT AMENDMENT #: _____

Contracting Department: HHSAContractor/Vendor Name: The SmithWaters GroupContract Term: 8/1/26-6/30/30Contract Value: \$532,575.75

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

HHSA Agreement for Services #10337 with The SmithWaters Group for Patient's Rights Advocacy

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 7/10/26
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2026.07.10 11:44:29 -07'00'

COMMENTS

with comments as noted in email.

CONTRACT AMENDMENT ONLY**HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

Approved ☐ Disapproved ☐ Date: _____
Approved ☐ Disapproved ☐ Date: _____

By: _____
By: _____

COMMENTS