

**REVIEW AND APPROVAL REQUESTED FOR:**

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

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 2/12/25Need Date: 2/26/25**PROCESSING DEPARTMENT**Department: Human ResourcesOrg Code: 0800000Dept Contact: Monique Heredia

Funding Source: \_\_\_\_\_

Phone: x5518

PL String: \_\_\_\_\_

Department \_\_\_\_\_

Head Signature: Joseph Carruesco Digitally signed by Joseph Carruesco  
Date: 2025.02.13 10:31:03 -08'00'Legistar #: 25-0681**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 - except for contract amendments.***ORDINANCE/RESOLUTION/POLICY INFORMATION**TITLE / SUBJECT: Add One Limited Term: Program Coordinator

NUMBER (If Assigned): \_\_\_\_\_

**ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL**HHSA is requesting to add one (1) Limited Term - Program Coordinator to SLT Senior Nutrition  
Funding anticipated to end 6/30/2029**COUNTY COUNSEL**

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: <u>2/26/25</u>	By: <u>Stephen Mansell</u>	<small>Digitally signed by Stephen Mansell Date: 2025.02.26 16:59:23 -08'00'</small>
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____	By: _____	

**COMMENTS**

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