

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 4/14/26

Need Date: _____

PROCESSING DEPARTMENT

Department: HSA
Dept Contact: Khrista Ringnes
Phone: x7118
Dept. Signature: Alisha A. Bryden
Title: Admin Analyst Supervisor

Org Code: 5110100
Funding Source: State TAY Grant
PL String: _____
Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: 8064

CONTRACT AMENDMENT #: II

Contracting Department: HSA Protective Services

Contractor/Vendor Name: Whole Person Learning, Inc.

Contract Term: 10/13/23-6/30/28 Contract Value: \$176,605

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

Review of second amendment to agreement #8064

COUNTY COUNSEL

Approved Disapproved Date: 4/24/26
Approved Disapproved Date: _____

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2026.04.24 15:42:01 -07'00'
By: _____

COMMENTS

CONTRACT AMENDMENT ONLY

HR APPROVAL

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: 

RISK APPROVAL

Approved Disapproved Date: 4/29/26
Approved Disapproved Date: _____

By: Karen Bianchini Digitally signed by Karen Bianchini
Date: 2026.04.29 11:07:56 -07'00'
By: _____

COMMENTS