

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/21/26

Need Date: _____

PROCESSING DEPARTMENT

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

Org Code: 5110100
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 9976CONTRACT AMENDMENT #: n/a

Contracting Department: HHSA - Protective Services
Contractor/Vendor Name: Capella University, LLC
Contract Term: Perpetual upon execu Contract Value: \$0

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 site-based affiliation agreement.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 2/9/26
Approved ☐ Disapproved ☐ Date: _____

By: Daniel Vandekoolwyk
By: _____

COMMENTS**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