

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 8/14/25Need Date: 8/27/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Brian Michaelson
Phone: X 6922
Dept. Signature: Alisha Bryden
Title: AAS

Org Code: 5310100
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 9689

CONTRACT AMENDMENT #: _____

Contracting Department: HHSA BHContractor/Vendor Name: California Hearing Officers, LLPContract Term: 10/1/25-9/30/28Contract Value: \$200,000

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 COUNSELCertification Review Hearing Services**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 9/4/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.09.04 13:50:42 -07'00'

COMMENTSwith edits 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