

**REVIEW AND APPROVAL REQUESTED FOR:**

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

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/7/25Need Date: 4/15/25**PROCESSING DEPARTMENT**

Department: HHS  
Dept Contact: Courtney Jenkins  
Phone: x7154  
Dept. Signature: Alisha Bryden  
Title: Admin Analyst Supervisor

Org Code: 5400000  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: 25-0701

**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 - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: Local Enforcement Agency (LEA) Grant Resolution  
NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Resolution for CalRecycle LEA Grant Application and Acceptance  
\_\_\_\_\_  
\_\_\_\_\_

**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 4/9/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Nicole C. Wright  
By: \_\_\_\_\_

Digitally signed by Nicole C. Wright  
Date: 2025.04.09 13:44:51 -07'00'

**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**