

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/22/25Need Date: 2/5/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Kiera Garcia
Phone: x6923
Dept. Signature: Alisha Bryden
Title: Admin. Analyst Supervisor

Org Code: 5130
Funding Source: Federal (TANF, Title IV-E, and Ti
PL String: 51ADMIN-51Y-SS-14600068 (CWS); 6
Legistar #: 25-0205

CONTRACT INFORMATIONCONTRACT #: 9335CONTRACT AMENDMENT #: n/aContracting Department: HHSAContractor/Vendor Name: New Morning Youth and Family Services, Inc.Contract Term: 6/25/25-6/24/28Contract Value: \$150,000

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 COUNSELEmergency shelter care services - renewal of Agreement #6372**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 1/30/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright

Digitally signed by Nicole Wright
Date: 2025.01.30 16:48:13 -08'00'

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