

**REVIEW AND APPROVAL REQUESTED FOR:**

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

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 3/19/25Need Date: 4/7/25**PROCESSING DEPARTMENT**Department: HHSAOrg Code: 5000000Dept Contact: Lisa KonyecsniFunding Source: N/A

Phone: \_\_\_\_\_

PL String: N/ADept. Signature: Alisha Bryden Digitally signed by Alisha Bryden  
Date: 2025.03.20 13:57:32 -07'00'Legistar #: 25-0522Title: Admin Analyst Supervisor**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: FY 25/26 Director Signature Authority Resolution

NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**An annual Resolution giving signature authority to HHSA Director or CAD for reoccurring grants and allocations.**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 3/28/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2025.03.28 14:55:47 -07'00'  
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** \_\_\_\_\_