


REVIEW AND APPROVAL REQUESTED FOR:

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

**County Council
REVIEW ROUTING SHEET**

Date Prepared: 5/1/25Need Date: 5/12/25**PROCESSING DEPARTMENT**

Department: EMD
Dept Contact: Jackie Scaggs
Phone: x4080
Dept. Signature: 
Title: Director

Org Code: _____
Funding Source: Benefit Assessments CSA 10
PL String: _____
Legistar #: 25-0761

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: Annual Report of Assessments for CSA 10

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Review and approval of the annual written report of assessments and the related staff report for CSA 10. Confirmed Board Date is June 17th for all CSAs.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 5/12/2025 By: 
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS APPROVED AS TO FORM - T2W**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 _____