

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 8/1/25

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Max Hudock
Phone: X6921
Dept. Signature: Alisha Bryden
Title: AAS

Org Code: 5210100
Funding Source: _____
PL String: _____
Legistar #: 25-1382

CONTRACT INFORMATIONCONTRACT #: 9773

CONTRACT AMENDMENT #: _____

Contracting Department: HHSAContractor/Vendor Name: County of Santa CruzContract Term: 7/1/25-6/30/28 Contract Value: \$20,000

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 COUNSEL

Retroactive agreement with County of Santa Cruz for term 7/1/25-6/30/28
for Medi-Cal Administrative Activities

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 8/11/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.08.11 15:03:34 -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