REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☑ Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 9/17/25 Need Date: 10/1/25

PROCESSING DEPARTMENT

Department: District Attorney
Dept Contact: Justene Cline
Phone: 530-621-5640
Dept. Signature: Kerri Williams-Horn Digitally signed by Kerri Williams-Horn Date: 2025.09.17 15:21:27 -07'00'
Title: Agency Chief Fiscal Officer

Org Code: 2200000
Funding Source: CalOES VOCA/VCGF
PL String: 22CALOESAT-C40SERSUP
Legistar #: TBD

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:
NUMBER (If Assigned):

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Review Child Abuse Treatment (AT) Program Mental Health Svc Certification for period 1/1/26-12/31/26 in the funding amount of $257,500 (total project amount of $293.30 w/ match).

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 10/9/25 By: Roger A. Runkle Digitally signed by Roger A. Runkle Date: 2025.10.09 10:52:50 -07'00'
Approved ☐ Disapproved ☐ Date: 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