	PPROVAL REQUESTED FOR: Amendment Resolution	on Ordinance Policy V Other
		ounty Counsel W ROUTING SHEET
Date Prepared:	9/17/25	Need Date: 10/1/25
PROCESSING D	EPARTMENT	
Department:	District Attorney	Org Code: 2200000
	Justene Cline	Funding Source: CalOES VOCA/VCGF
Phone:	530-621-5640	PL String: 22CALOESAT-C40SERSUP
Dept. Signature	Kerri Williams-Horn Data: 2025/08.17 15:21:27-0700	Legistar #: TBD
Title:	Agency Chief Fiscal Office	Legistal #. 100
CONTRACT INFO	ORMATION	
CONTRACT #:		CONTRACT AMENDMENT #:
Contract	ting Department:	
Contract	tor/Vendor Name:	
Contract Term: Con		Contract Value:
		nix Contract workflow - amendments see below.
	SOLUTION/POLICY INFORMATIO	
TITLE / SUBJECT: NUMBER (If Assigned):		
NOMBER	(IT Assigned):	
	ND ADDITIONAL NOTES FOR COL	
		Mental Health Svc Certification
	26-12/31/26 in the funding amo	unt of \$257,500
	mount of \$293,30 w/ match).	
COUNTY COUNS	<u> </u>	
Approved	Disapproved Date: 10/9/2	5 By: Roger A. Runkle Digitally signed by Roger A. Runkle Date: 2025, 10.09 10:52:50 -07:00'
Approved	Disapproved Date:	
OMMENTS _		
	NDMENT ONLY	
HR APPROV		W-2 Vos
Compliance with Human Resources requirements? Yes: No:		
	verified by:	
RISK APPRO	VAL	
Approv	ed Disapproved Date:	By:
Approv	ed DisapprovedDate:	Ву:
COMMENTS		