REVIEW AND APPROVAL REQUESTED FOR:

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

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 8/12/25 Need Date: 8/27/25

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Kiera Garcia
Phone: x6923
Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.08.12 13:49:02 -07'00'
Title: Admin. Analyst Supervisor

Org Code: 5110100
Funding Source: N/A
PL String: N/A
Legistar #: 25-1329

CONTRACT INFORMATION

CONTRACT #: 9779 CONTRACT AMENDMENT #: N/A

Contracting Department: HHSA
Contractor/Vendor Name: County of Alpine
Contract Term: 11/1/25-10/31/28 Contract Value: no limit

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

Renewal of Mutual Aid Plan MOU between Health and Human Services Agencies for Alpine and El Dorado counties.

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 8/15/25 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk Date: 2025.08.15 17:09:42 -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