

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 3/12/26

Need Date: 3/26/26

PROCESSING DEPARTMENT

Department: HSA
Dept Contact: Kristy Fackrell
Phone: x6919
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5310100
Funding Source: _____
PL String: _____
Legistar #: 26-0509

CONTRACT INFORMATION

CONTRACT #: 10184

CONTRACT AMENDMENT #: _____

Contracting Department: HSA

Contractor/Vendor Name: Department of Health Care Services

Contract Term: 7/1/26-6/30/29 Contract Value: \$0

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

Performance Contract 26-60027 - requirements County must meet to receive funding for the BNSA, LPS Act, PATH, MHBG, SUBG, and CCP programs.

COUNTY COUNSEL

Approved Disapproved Date: 3/27/26
Approved Disapproved Date: _____

By: Nicole C. Wright Digitally signed by Nicole C. Wright
Date: 2026.03.27 14:01:24 -07'00'
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