

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 3/13/26

Need Date: 3/20/26

**PROCESSING DEPARTMENT**

Department: CAO Fiscal  
Dept Contact: Justene Cline  
Phone: 530-621-5640  
Dept. Signature: Jeremy Apodaca  
Title: Agency Chief Fiscal Officer

Org Code: 0610000  
Funding Source: General Fund  
PL String: 06BHCIP-C40SERSUP  
Legistar #: TBD

**CONTRACT INFORMATION**

CONTRACT #: N/A

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: BCHIP Authorized Representative 2026

NUMBER (If Assigned): TBD

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Resolution to amend previously adopted resolution 067-2025 to update the BHCIP Program  
Authorized Signatory to the Assistance CAO.

**COUNTY COUNSEL**

Approved  Disapproved  Date: 3/25/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.03.25 12:40:15 -07'00'  
By: \_\_\_\_\_

**COMMENTS**

with edits as noted in email.

**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**