

**REVIEW AND APPROVAL REQUESTED FOR:**

☐ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☒ Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 6/5/25

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT**

Department: HSA  
Dept Contact: Khrista Ringnes  
Phone: x7118  
Dept. Signature: Alisha Bryden  
Title: Admin Analyst Supervisor

Org Code: 5210100  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: \_\_\_\_\_

**CONTRACT INFORMATION**CONTRACT #: n/aCONTRACT AMENDMENT #: n/aContracting Department: HSA - Community Services Division, Veterans Services

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: Veterans Monument Criteria Revision

NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**Review of revisions to Veterans Monument Criteria**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 6/9/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Nicole C. Wright  
By: \_\_\_\_\_

Digitally signed by Nicole C. Wright  
Date: 2025.06.09 10:19:55 -07'00'

**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: \_\_\_\_\_  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: \_\_\_\_\_  
By: \_\_\_\_\_

**COMMENTS**