

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 3/12/25Need Date: 4/2/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Lisa Konyecsni
Phone: 295-6901
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5000000
Funding Source: N/A
PL String: N/A
Legistar #: 25-0521

CONTRACT INFORMATION

CONTRACT #: _____

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 INFORMATIONTITLE / SUBJECT: FY 25/26 BH Signature Authority Resolution

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

An annual Resolution giving signature authority to HHSA Director, CAD, or BH Director for
reoccurring allocations from DHCS.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 3/28/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.03.28 14:46:08 -07'00'

COMMENTS**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