

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 3/12/25

Need Date: 4/2/25

**PROCESSING DEPARTMENT**

Department: HSA  
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 INFORMATION**

TITLE / 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 HSA 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 Digitally signed by Nicole C. Wright  
Date: 2025.03.28 14:46:08 -07'00'  
By: \_\_\_\_\_

**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**