REVIEW AND APPROVAL REQUESTED FOR:

☑ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 8/1/25 Need Date: 8/15/25

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Kiera Garcia
Phone: x6923
Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.07.31 12:16:17 -07'00'
Title: Admin. Analyst Supervisor

Org Code: 5110100
Funding Source: N/A
PL String: N/A
Legistar #: TBD

CONTRACT INFORMATION

CONTRACT #: 9741 CONTRACT AMENDMENT #: N/A

Contracting Department: HHSA
Contractor/Vendor Name: County of Mendocino
Contract Term: 11/1/25-10/31/28 Contract Value: no limit

Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: N/A
NUMBER (If Assigned): N/A

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Renewal of Mutual Aid Plan MOU between Health and Human Services Agencies for Mendocino and El Dorado counties.

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 8/7/25 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk Date: 2025.08.07 09:59:48 -07'00'
Approved ☐ Disapproved ☐ Date: _____ 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 _____