

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Council
REVIEW ROUTING SHEET**

Date Prepared: 1/6/25

Need Date: 1/24/25

PROCESSING DEPARTMENT

Department: Health and Human Services Agency

Org Code: N/A

Dept Contact: Lisa Konyecsni

Funding Source: N/A

Phone: 295-6901

PL String: N/A

Department

Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2025.01.10 11:00:45 -08'00'

Legistar #: 25-0123

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 - except for contract amendments.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: 2024-27 Funding ESG Program

NUMBER (If Assigned): _____

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL

This Resolution is drafted on the required template language provided by the State.
No edits to the template are allowed.

COUNTY COUNSEL

Approved

Disapproved

Date: 1/16/25

By: Nicole Wright

Digitally signed by Nicole Wright
Date: 2025.01.16 10:03:55 -08'00'

Approved

Disapproved

Date: _____

By: _____

COMMENTS

