

**REVIEW AND APPROVAL REQUESTED FOR:**

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

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 2/6/25Need Date: 2/20/25**PROCESSING DEPARTMENT**

Department: Sheriff  
Dept Contact: Katie Cruickshank  
Phone: 530-621-5609  
Dept. Signature: Monica Ferguson  
Title: \_\_\_\_\_

Digitally signed by Monica Ferguson  
Date: 2025.02.06 16:01:49 -08'00'

Org Code: 2420  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: \_\_\_\_\_

**CONTRACT INFORMATION**

CONTRACT #: \_\_\_\_\_ CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: Sheriff's OfficeContractor/Vendor Name: State of CA EPIC ProgramContract Term: 7/1/25-10/30/25 Contract Value: 0.00*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_

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

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**Review MOU with the State of CA Eradication and Prevention of Illicit Cannabis Program (EPIC)**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 2/26/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Stephen Mansell Digitally signed by Stephen Mansell  
Date: 2025.02.26 10:20:10 -08'00'  
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**