

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 6/17/25Need Date: 7/1/25**PROCESSING DEPARTMENT**

Department: Sheriff's Office
Dept Contact: Katie Cruickshank
Phone: 530-621-5609
Dept. Signature: Monica Ferguson
Title: _____

Org Code: 2420200
Funding Source: _____
PL String: _____
Legistar #: 25-1177

CONTRACT INFORMATION

CONTRACT #: _____ CONTRACT AMENDMENT #: _____

Contracting Department: Sheriff's Office
Contractor/Vendor Name: California Highway Patrol Cannibas Tax Fund Grant Program
Contract Term: _____ Contract Value: _____

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 COUNSELCHP Cannabis Tax Fund Grant Program**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 6/19/25
Approved ☐ Disapproved ☐ Date: _____

By: Stephen L. Mansell Digitally signed by Stephen L. Mansell
Date: 2025.06.19 10:29:57 -07'00'
By: _____

COMMENTS Approved with typo correction.**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 _____