

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 2/20/25Need Date: 3/11/25**PROCESSING DEPARTMENT**

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

Org Code: 2410
Funding Source: _____
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 2402CONTRACT AMENDMENT #: IVContracting Department: Sheriff's OfficeContractor/Vendor Name: Michael C. Berry, M.D.Contract Term: when signed-12/31/21Contract Value: \$600,000.00

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 COUNSELReview and Approve Amendment IV**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 3/4/25
Approved ☐ Disapproved ☐ Date: _____

By: Stephen Mansell Digitally signed by Stephen Mansell
Date: 2025.03.04 11:46:15 -08'00'
By: _____

COMMENTSApproved as revised.**CONTRACT AMENDMENT ONLY****HR APPROVAL**

Compliance with Human Resources requirements?

Yes:



No:

Compliance verified by: Sera SalmanyanDigitally signed by Sera Salmanyan
Date: 2025.04.02 08:19:33 -07'00'**RISK APPROVAL**

Approved ☒ Disapproved ☐ Date: _____
Approved ☐ Disapproved ☐ Date: _____

By: Amanda Magnuson Digitally signed by Amanda Magnuson
Date: 2025.04.01 21:09:56 -07'00'
By: _____

COMMENTS