

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 2/13/25

Need Date: _____

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Khrista Ringnes
Phone: x7118
Dept. Signature: Alisha Bryden
Title: Admin Analyst Supervisor

Org Code: 5000000
Funding Source: Federal, State
PL String: _____
Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 9351

CONTRACT AMENDMENT #: _____

Contracting Department: HHSA - AdministrationContractor/Vendor Name: Fiscal Experts, Inc.Contract Term: 05/09/25-06/30/30Contract Value: \$263,000

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 COUNSELPlease review agreement for services #9351 with Fiscal Experts, Inc.**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 2/21/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole Wright

Digitally signed by Nicole Wright
Date: 2025.02.21 08:45:46 -08'00'

COMMENTSwith edits as noted in email.**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

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

By: _____
By: _____

COMMENTS