

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 3/6/25Need Date: 3/14/25**PROCESSING DEPARTMENT**Department: Health and Human Services AgencyOrg Code: 5400Dept Contact: Courtney Jenkins

Funding Source: _____

Phone: x7154

PL String: _____

Department

Head Signature: Alisha BrydenDigitally signed by Alisha Bryden
Date: 2024.12.23 08:09:18 -0800

Legistar #: _____

CONTRACT INFORMATIONCONTRACT #: 9253

CONTRACT AMENDMENT #: _____

Contracting Department: HHSAContractor/Vendor Name: County of SacramentoContract Term: One (1) Year Upon ExecutionContract Value: \$190,000*Note - HR & RISK review will take place during Fenix Contract workflow - except for contract amendments.***ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: _____

NUMBER (If Assigned): _____

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSELResubmission 3/6/25**COUNTY COUNSEL**☒ Approved☐ DisapprovedDate: 1/7/25By: Nicole WrightDigitally signed by Nicole Wright
Date: 2025.01.07 13:52:16 -0800☒ Approved☐ DisapprovedDate: 3/11/25By: Nicole WrightDigitally signed by Nicole Wright
Date: 2025.03.11 15:56:12 -0700**COMMENTS**with comments as noted in email.