

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 12/31/24

Need Date: 12/31/24

PROCESSING DEPARTMENT

Department: Health and Human Services Agency

Org Code: _____

Dept Contact: Alisha Bryden

Funding Source: NA

Phone: X7317

PL String: _____

Department

Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.12.31 09:07:24 -08'00'

Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: NA

CONTRACT AMENDMENT #: _____

Contracting Department: HSA Veterans Services

Contractor/Vendor Name: _____

Contract Term: _____

Contract Value: _____

Note - HR & RISK review will take place during Fenix Contract workflow - except for contract amendments.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: VA Monument Criteria Update

NUMBER (If Assigned): LSR # 24-0016978@edccounsel.legalserver.org

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL

Submitted on LSR 9/26/24 and Nicole has finalized her review so sending Blue Route for signature

COUNTY COUNSEL

Approved

Disapproved

Date: _____

By: Nicole Wright

Digitally signed by Nicole Wright
Date: 2024.12.31 09:40:39 -08'00'

Approved

Disapproved

Date: _____

By: _____

COMMENTS

