

CONTRACT ROUTING SHEET

Date Prepared: 01/23/09

Need Date: ASAP Please (to BOS 03/03/09)
(to CAB 2/12/09)

PROCESSING DEPARTMENT:

Department: Probation Department

CONTRACTOR:

Name: Redwood Toxicology Laboratory, Inc.

Address: 3650 Westwind Boulevard
Santa Rosa, CA 95403

Phone: 800-255-2159 X125

ATTN: Cadi Mazzanti

Thank you.

Dept. Contact: Diane Hofsommer

Phone #: 5957

Department: _____

Head Signature: *[Signature]*

CONTRACTING DEPARTMENT:

Service Requested: Drug screen testing to detect the use of illicit drugs & alcohol on an as-needed basis for the Probation & the Sheriff's Office, results provided online. AMDT to increase term, increase not to exceed amount and new price schedule (reduced rates).

Contract Term: 03/09/08 - 03/08/11 Contract Value: \$220,000.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 1-28-09 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT
09 JAN 29 AM 9:29

PLEASE FORWARD PACKET TO RISK MANAGEMENT. THANKS.

NOTE: Updated Insurance Certificate will be sent directly to Risk Management as soon as it is received.

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 1/29/09 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____