

CONTRACT ROUTING SHEET

Date Prepared: 08/04/2015

Need Date: 08/10/15 or ASAP

PROCESSING DEPARTMENT:

Department: Probation
Dept. Contact: Darci Prall
Phone #: Ext. 6076
Department: _____
Head Signature: _____

CONTRACTOR:

Name: Core Correctional Solutions
Address: 689 Union Drive
Hudson, OH 44236
Phone: 330-391-0100
Melanie Lowenkamp

CONTRACTING DEPARTMENT: Probation Department

Service Requested: To provide as-needed training, guidance and consulting services in using and implementing the Effective Practices In Correctional Settings (EPICS)-II

Contract Term: 3 year Contract Value: \$120,000.00

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

Compliance verified by: C-17 waiver attached, approved 08/03/15

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

Approved: X Disapproved: _____ Date: 8/11/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2015 AUG -4 PM 4:26

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 8/12/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

FBIX to change from Standard to Standard w/ Professional

RECEIVED
RISK MANAGEMENT DEPT.
15 AUG 12 AM 8:5

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

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