

Agreement # 8989

Registrar # 24-1734

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/07/2024

Need Date: 08/21/2024

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Katie Cruickshank
Phone: 560-621-5609
Department
Head Signature: Monica Ferguson
Digitally signed by Monica Ferguson
Date: 2024.08.07 19:56:27 -07'00'

CONTRACTOR:

Name: Cellebrite
Address: 7 Campus Drive Suite 210
Parsippany, New Jersey 07054
Phone: _____
Org Code: 2420
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Review and approve
Description: Agreement for Cellebrite services
Contract Term: 10/15/2024-10/14/2025 Contract Value: \$ 114,543.00

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

Approved: ☒ Disapproved: ☐ Date: 09/25/2024 By: Stephen Mansell
Approved: ☐ Disapproved: ☐ Date: _____ By: _____
Digitally signed by Stephen Mansell
Date: 2024.09.25 13:44:12 -07'00'

Approved as revised.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!