

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 01/18/2024

Need Date: 01/22/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency
Dept. Contact: Max Hudock
Phone: X6921
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.01.19 13:37:03 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

Name: Surveillance Systems Integration, Inc. dba Surveillance Systems Incorporated
Address: 4465 Granite Drive, Suite 700
Rocklin, CA 95677
Phone: _____
Org Code: 5000
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Surveillance Camera Purchase for 3047 and 3057 Briw Road

Contract Term: One Year Upon Execution Contract Value: \$ 209,515.69

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

Approved: Disapproved: Date: 01/26/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.01.26 18:18:37 -08'00'
Approved: Disapproved: Date: _____ By: _____

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!