

CONTRACT ROUTING SHEET

Date Prepared: May 14, 2018

Need Date: ASAP (BOS Item 18-0761)

PROCESSING DEPARTMENT:

Department: Probation
Dept. Contact: Nikki Moeszinger
Phone #: 530-621-6066
Department
Head Signature: [Signature]

CONTRACTOR:

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

CONTRACTING DEPARTMENT: Probation

Service Requested: Training on an 'As Requested' Basis

Contract Term: Amendment to SOW/Comp for remainder of 3 year term 9/22/15-9/21/18 Contract Value: \$120,000
AMD Inc \$80,000
NTE \$200,000

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

Compliance verified by: C-17 Waiver Approved 08/03/2015

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

Approved: X Disapproved: _____ Date: 5/18/18 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 MAY 14 PM 3:30

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 5/21/18 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PM3:40 HR/RM MAY 18 '18

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

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