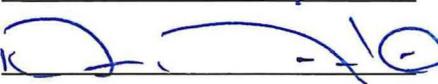


# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 06/12/2020

Need Date: 06/22/2020

**PROCESSING DEPARTMENT:**

Department: Probation  
Dept. Contact: Jackie Cook  
Phone: x5588  
Department  
Head Signature: 

**CONTRACTOR:**

Name: AutoMon LLC  
Address: 6621 N. Scottsdale Rd  
Scottsdale AZ 85250  
Phone: 480-368-8555, x125 Scot Asher, VP  
Org Code: 2500000  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Probation

Service Requested: Increase NTE by \$9,922.50  
Description: For professional services relating to maintenance and support of Caseload Explorer software and modules  
Contract Term: 7/24/2017 - 7/23/2020 Contract Value: w/increased NTE - \$180,409.46

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

Approved:  Disapproved:  Date: 06/26/2020 By: Paula F. Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: \_\_\_\_\_

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

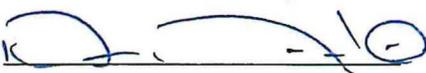
Departments:  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by:  Lauren Montalvo 6/26/20

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved:  Date: 26 Jun 2020 By: Robert Schroeder  
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: \_\_\_\_\_