

CONTRACT ROUTING SHEET

Date Prepared: 12/5/13

Need Date: 12/15/13

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly TD
Phone #: 621-6636
Department Head Signature: Jon DeVin 12-9-13

CONTRACTOR:

Name: Lexipol LLC
Address: 6B Liberty, Ste 200
Aliso Viego, CA 92656
Phone: _____

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CONTRACTING DEPARTMENT: Sheriff

Service Requested: Amendment 1 to add the development of a Custody Policy Manual

Contract Term: 1/12/12 - 1/31/2016 Contract Value: \$33,999.00

Compliance with Human Resources requirements? Yes: _____ No: N/A

Compliance verified by: _____

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

Approved: ✓ as to form Disapproved: _____ Date: 12/10/13 By: Quanta Ken

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

Recommend that you clarify in Article III that the ^{new} second ~~set~~ set of payments is ^{additional} ~~for~~ payment to the "lump sum of the annual fee in advance" ~~for~~ for 12 month subscription and development of a Custody Manual in accordance with Exhibit A" (by adding the ~~the~~ last phrase in quotes to the new "Compensation Services (Added Amendment 1) section, at the end of the first sentence. We understand that this ^{is} ~~is~~ additional service by consultant ^{that} was not covered by the prior updates ~~service~~ service to the ~~County~~ Department Policy Manual previously developed by the Consultant" that is referenced in the first sentence of the Scope of Services section.

Recommendations have been incorporated into 12/14/13

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

Approved: ✓ Disapproved: _____ Date: 12/12/13 By: D. Apshian

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

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

Departments: _____

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

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