

CONTRACT ROUTING SHEET

Date Prepared: 11/1/17

Need Date: 12/1/17

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly TD
Phone #: 621-6636
Department Head Signature: [Signature] 11/1/17

CONTRACTOR:

Name: NCIC Inmate Communications
Address: 607 East Whaley St
Longview, TX 75601
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Review and approval NCIC Inmate Comm Rev Agreement
Contract Term: 1/1/18-12/31/23 Contract \$ _____
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11/15/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Approved: Disapproved: _____ Date: 11-16-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

DORADO COUNTY COUNSEL
2017 OCT 32 AM 9:11

PM3:02 HR/RM NOV 15 '17

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

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