

Re-submitted: 4/1/13

# CONTRACT ROUTING SHEET

Date Prepared: 12/18/12

Need Date: 1/18/13

### PROCESSING DEPARTMENT:

Department: Sheriff's Office  
 Dept. Contact: TD Tania Donnelly  
 Phone #: 621-6636  
 Department: \_\_\_\_\_  
 Head Signature: *Tania Donnelly*

### CONTRACTOR:

Name: Sac County Sheriff  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT: Sheriff

Service Requested: MOU to use Sac County Business Systems Database  
 Contract Term: When signed - open ended Contract Value: \$4,000 annually  
 Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: N/A  
 Compliance verified by: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: ✓ for resubmittal of request of dept. Date: 1/22/13 By: Judith Kern  
 Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4/09/13 By: Judith Kern

- 1/08/13 TC w/ T Donnelly - has mutual indemnity language been requested? See pg. 6 EDC indemnifies Sac Co re use of Sac Co Business Systems Programs
- Recommend that contract be reviewed by IT since we are required to use equip designated/compatible w that identified in Exp. A
- Recommend that we delete payment of attorneys' fees provision on pg. 6
- Only using the following programs AFR, Mobile (AD) and Web KPF. As a result documents related to RECON, GRABEM, BS interface and RMS do not apply. See Appendix B and Attachments that do not apply via TC w/ T Donnelly - prefers return of agreement

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: 4/09 Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 TC w/ T Donnelly Appendix B indicates dept is not using GRMS, um or RECON yet being sign pg. 1  
 Dept now indicates that they are using the following programs: Web KPF, RECON, GRABEM. Exhibits B does not apply to County and names on document are not county employees.

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

Departments: ✓  
 Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4/22/2013 By: Adams  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

SAC COUNTY COUNSEL

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