

CONTRACT ROUTING SHEET

Date Prepared: 4/29/16

Need Date: Board date 6/14/16

PROCESSING DEPARTMENT:

Department: Child Support Services

Dept. Contact: Ginger Harms

Phone #: 7238

Department: _____

Head Signature: *Rebecca Hiles*

Rebecca Hiles, Dep Director
for Don Semon

CONTRACTOR:

Name: Columbia Ultimate Business Systems, Inc.

Address: 4400 NE 77th Ave., Suite 100
Vancouver, WA 98662

Phone: 800-488-4420

CONTRACTING DEPARTMENT: Child Support Services, Revenue Recovery Division

Service Requested: Approval of Amendment for annual support

Contract Term: Perpetual Contract Value: \$14,400.00

Compliance with Human Resources requirements? Yes: X No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 5/19/16 By: *JBJ*

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

The purpose of the Amendment III is to provide for annual support costs for the period 7/1/16 through 6/30/17. This vendor supports the collection software for the Revenue Recovery Division.

Columbia Ultimate Inc., dba Rev Q, is also dba Columbia Ultimate Business Systems, Inc.
PC to Ginger Harms re company name, which was changed under Amendment II. Per Ginger, company modified Amend. III to show original name, not new name. Company is dba ~~Rev Q~~ "Columbia Ultimate, Inc." is qualified to do business in CA and auditor has approved payment to company under this name. CC recommends Amendment to clarify that "Columbia Ultimate Business Systems, Inc." is doing business as "Columbia Ultimate, Inc." or vice versa to ensure

Please call Ginger Harms (x7238) to pick up when CC approval complete. Thank you, Company is

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

Approved: ✓ Disapproved: _____ Date: 5-19-16 By: *JBJ* appropriately

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

Vendor compliant in EBIX for Amend. III to be valid.

EDC HR/RISK
16 MAY 19 AM 10:19

following Amend II's changes to contract

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: 60 AM 10:09

Approved: _____ Disapproved: _____ Date: _____ By: EL DORADO COUNTY COUNSEL