

**REVIEW AND APPROVAL REQUESTED FOR:**

☒ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 5/ 6/25Need Date: 5/16/25**PROCESSING DEPARTMENT**

Department: Sheriff's Office  
Dept Contact: Kati eCruickshank  
Phone: 530-621-5609  
Dept. Signature: Monica Ferguson  
Title: \_\_\_\_\_

Org Code: 2410100  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: 25-1142

**CONTRACT INFORMATION**CONTRACT #: 2008 CONTRACT AMENDMENT #: \_\_\_\_\_Contracting Department: Sheriff's OfficeContractor/Vendor Name: Amador County Sheriffs OfficeContract Term: 5 years Contract Value: \$300,000.00

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_

NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Revi ewcontract for prof essional pathology and autopsy services to be performed for  
Amador County Sheriff's Office

**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 6/4/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Steph enL. Mansell Digitally signed by Stephen L. Mansell  
Date: 2025.06.04 09:43:34 -07'00'  
By: \_\_\_\_\_

**COMMENTS** Approved as revised.  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

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

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_