

ASSIGNMENT BY: \_\_\_\_\_  
DATE: 11/22/99 DEPT./INDEX NO. \_\_\_\_\_  
ATTORNEY: J.M. R.L. DEPT./INDEX NO. \_\_\_\_\_  
DEPT./INDEX NO. 32000 ONLY

Contract #: 99-98-01

# CONTRACT ROUTING SHEET

Nov 19 10 04 AM '99

BY: \_\_\_\_\_  
**PROCESSING DEPARTMENT:**  
Department: DISTRICT ATTORNEY  
Dept. Contact: JOHN MITCHELL  
Phone #: 6421  
Department Head  
Signature: \_\_\_\_\_ 11/17/99

**CONTRACTOR:**  
Name: STATE OF CA/DEPT OF JUSTICE  
Address: P O BOX 944256  
SACRAMENTO CA 94244-4256  
Phone: (916)227-3635  
916-227-6432 Denise Goodman

**CONTRACTING DEPARTMENT:** DISTRICT ATTORNEY  
Compliance with Human Resources requirements? Yes: XX No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/22/99 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Suggestion that phrase "or successor" be placed after John Mitchell's name

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 12/23/99 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Per discussion w/ Denise Goodman @ Justice Ctr, the DOJ does their own lab testing in a state laboratory (does not sub-contract)

**OTHER APPROVAL** (Specify department(s) participating or directly affected by this contract). Department(s): \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

COUNTY OF EL DORADO  
Standard Agreement 00-98-01  
EXHIBIT A

DOJ agrees to provide and the County of El Dorado agrees to pay for the following services:

- Laboratory analysis of blood and urine samples for alcohol. The cost of drug analysis in addition to alcohol when available, will be included as part of the uniform fee of \$35 charged per subject tested;
- Provision of a breath alcohol testing program utilizing the Intoxilyzer breath instrument;
- Upon request, blood and urine sample containers, envelopes and mailers as normally provided by DOJ;
- Administrative and logistical support of field breath alcohol tests utilizing the Intoxilyzer breath instrument including all associated accessories and supplies;
- Provide and maintain Intoxilyzer breath test instruments at established locations and new locations as caseload warrants. This service includes complete instrument repair services as required for all DOJ Intoxilyzers;
- Consultation and expert testimony on the technical aspects of all analysis performed including the interpretation of the results relative to driving impairment on cases analyzed by DOJ; and
- Training and retraining of certified breath test (Intoxilyzer) operators to establish and maintain their proficiency as required by Title 17, California Code of Regulations.

**STANDARD AGREEMENT AMENDMENT**

STD. 213 A (Rev 6/03)

APPROPRIATE  
APPROPRIATE

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED \_\_\_\_\_ Pages

AGREEMENT NUMBER <b>01-098-01</b>	AMENDMENT NUMBER <b>1</b>
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and Contractor named below:  
STATE AGENCY'S NAME  
**COUNTY OF EL DORADO**  
CONTRACTOR'S NAME  
**DEPARTMENT OF JUSTICE**
- The term of this Agreement is **March 1, 2005** through **Continuous**
- The maximum amount of this Agreement after this amendment is: **\$ OPEN**
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:


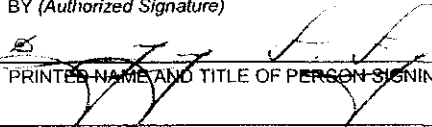
By mutual consent of both parties, this Amendment will modify the following information within the established contract:

- All "Intoxilyzer" references shall be eliminated and replaced with the term "breath testing instrument/device" or an appropriate combination thereof.

All other terms and conditions shall remain the same.

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**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

<b>CONTRACTOR</b>		<b>CALIFORNIA</b> Department of General Services Use Only
<small>CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)</small> <b>DEPARTMENT OF JUSTICE</b>		
<small>BY (Authorized Signature)</small> 	<small>DATE SIGNED (Do not type)</small>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small> <b>DEBORAH MERRIL, CHIEF, Accounting Office</b>		
<small>ADDRESS</small> <b>1300 I Street Sacramento, CA 95814</b>		
<b>STATE OF CALIFORNIA</b>		
<small>AGENCY NAME</small> <b>COUNTY OF EL DORADO</b>		<input type="checkbox"/> Exempt per:
<small>BY (Authorized Signature)</small> 	<small>DATE SIGNED (Do not type)</small> <b>3-17-05</b>	
<small>PRINTED NAME AND TITLE OF PERSON SIGNING</small>		
<small>ADDRESS</small>		