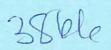
NEW AGREEMENT CONTRACT ROUTING SHEET



Date Prepared:	3/20/19	Need Date:	3/30/19
PROCESSING DI	EPARTMENT:	CONTRACT	OR:
Department:	Sheriff's Office	Name:	Sac County (CVISS)
Dept. Contact:	Tania Donnelly 10	Address:	
Phone:	530-621-6636		
Department	27	Phone:	
Head Signature:	Naveze	Own Code	
		Org Code:	
CONTRACTING I		TATE OF THE STATE	
	d: MOU for Cost Sharing for		
Contract Term: _F	Perpetual	_ Contract Value:	\$14,140 annually
COUNTY COUNS	EL: (Must approve all contrac	cts and MOU's)	1 1 1
Approved:	✓ Disapproved:	Date:	3/19 By: Styley / 1/1/4/19
Approved:	Disapproved:	Date:	By:
Sex frier	comments on 2014	MOU amendmen	at, per Judith Ker.
			2 1
			2019
			NA AN
			200
			0
			ALM ALM
HR APPROVAL:	WILL BE REVIEWED THROU	JGH WORKFLOW	ITY COUNSEL
			ins 22
DICK MANACEM	ENT. WILL BE BEVIEWED T	LIBOTICH WORK	

PLEASE CALL x___ FOR PICK-UP...THANKS!

CONTRACT ROUTING SHEET

Date Prepared:	05/28/13	Need Date: 06	Need Date: 06/27/13		
PROCESSING D	EPARTMENT:	CONTRACTOR:			
Department:	Sheriff's Office		ounty - Coplink		
Dept. Contact:	Tania Donnelly 10	Address:			
Phone #:	621-6636				
Department		Phone:			
Head Signature:	Id NACO		THE RESERVE OF THE PARTY OF		
	- Comercia				
CONTRACTING	DEDARTMENT OF W				
CONTRACTING		LEID I A I	1 (0)(00		
Service Requeste	ed: MOU Amendment to ad		ember of CVISS and an		
Contract Towns		haring in CopLink software	100,000		
	When signed – open ended	Contract Value:	168,000		
	Human Resources requirement	ents? Yes:	No: N/A		
Compliance verifi	led by:				
COUNTY COUNS	SEL: (Must approve all contr	racts and MOU's)	201		
Approved:	Disapproved:	Date: (0/24/13	By: Just th Ker		
Approved:	Disapproved:	Date:	By:		
TOW A DO		y note, therefore se.			
	8.1 re termination				
	il mou of 11/18/09 is		Amenatinones		
in future.	only relate to salahan	y partagratered	= 6		
Sec 5/2	4/13 Mano fr PA	inswering questions D	sed in Feb / Morch		
		1 /	7		
RISK MANAGEN	IENT: (All contracts and MO	U's except boilemlate grant	funding agreements)		
Approved:	Disapproved:	Date: 6/25/13	By: Au As		
Approved:	Disapproved:	Date:	By:		
			,		
			The state of the s		
	Children was a supplemental				
		Not provide the Line and			
		the particular to the state of			
	/AL: (Specify department(s)	participating or directly affect	cted by this contract).		
Departments:					
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:		
		69:4 Mg 45MII 61			
		HOWER SERVICES OF IT.			
		TIALOGE			