

# CONTRACT ROUTING SHEET

Date Prepared: 04/29/15

Need Date: 05/06/15

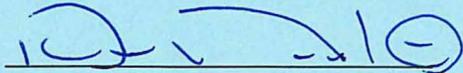
**PROCESSING DEPARTMENT:**

Department: Probation Department

Dept. Contact: Darci Prall

Phone #: X6076

Department: \_\_\_\_\_

Head Signature: 

**CONTRACTOR:**

Name: Trainers, Inc.  
dba Custom Training

Address: 5580 La Jolla Blvd., #411  
La Jolla, CA 92037

Phone: 858-272-3530 office  
415-264-4802 cell

**CONTRACTING DEPARTMENT:** Probation Department

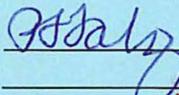
Service Requested: Training classes, materials & books, as requested.  
AMDT I-Change to Scope of Service to add definition of who is to be trained.  
AMDT II-Increase the NTE amount to \$63,356.00  
AMDT III-Increase the NTE amount to \$120,000.00

Contract Term: 3 years, Contract Value: \$120,000.00  
Sept 06, 2013 – Sept 05, 2016

Compliance with Human Resources requirements? Yes: X No: N/A

Compliance verified by: N/A

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

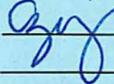
Approved: X Disapproved: \_\_\_\_\_ Date: 4/30/15 By: 

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

EL DORADO COUNTY COUNSEL  
2015 APR 30 AM 9:51

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 5/5/15 By: 

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

RECEIVED  
RISK MANAGEMENT DEPT.  
MAY -1 AM 0:57

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

Departments: \_\_\_\_\_

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

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