

CONTRACT ROUTING SHEET **RUSH!!**

Date Prepared: 03/11/2014

Need Date: ASASP 03/13/2014

PROCESSING DEPARTMENT:

Department: Probation

Dept. Contact: Darci Prall *DP*

Phone #: 621-6076

Department: _____

Head Signature: *[Signature]*

CONTRACTOR:

Name: Sacramento County

Coplink MOU

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Probation

Service Requested: Sacramento County MOU amendment to add El Dorado County Probation as a member of CVISS and an MOU for member cost sharing in Coplink software

Contract Term: Upon signature-perpetual Contract Value: \$28,394.00

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

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 3/12/13 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2014 MAR 11 PM 1:35

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 3/12/2014 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2014 MAR 12 AM 9:25

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

Departments: _____

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

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