

Re-submitted 9/12/14 11/19/14

Contract # 672-S1410

CONTRACT ROUTING SHEET

Date Prepared: 9/12/14 ^{10/3/14}

Need Date: 10/12/14 ^{11/3/14}

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly
Phone #: 621-6636
Department Head Signature: [Signature] ¹⁰⁻²⁻¹⁴

CONTRACTOR:

Name: TRADS
Address: 4530 Conference Way
Boca Raton, FL 33431
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Online personal information searches
Contract Term: 2/15/14 - 2/14/15 and Perpetual thereafter Contract \$1,500
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: _____ Disapproved: Date: 11/18/14 By: [Signature]
Approved: ^{95 to form see comments} Disapproved: _____ Date: 11/20/14 By: [Signature]

Agree to hold TRADS harmless related to agency use of subscription
Limitation of liability to amount of contract
Recommend that you incorporate Terms and Conditions and attach them - make reference
No warranties as to quality or currentness
Agreement not to sue

* Cannot agree to hold in confidence information regarding pricing or service provided as set forth in Terms and Conditions
Recommend that you add the words "unless required by law" to the first sentence in IP 7 under terms and conditions / change

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

Approved: _____ Disapproved: Date: 11/20/14 By: [Signature] ^{11/19/14}
Approved: Disapproved: _____ Date: 12/15/14 By: [Signature] ^{T.C.D.}

Note to Risk: Requested updated insurance certs be sent to Ebix. 11/19/14
Terms governed by state of Delaware with venue in Florida. This office is not in a position to provide legal advice in regard to the laws in Delaware or Florida.

Recommend that these be changed to CA and EAC. - change made
* Retrospective Agreement - recommend the contract go to the Board 11/19/14
11/19 TC to T Donnelly

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

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

at per exposure
NOTE: NO INS REQ IN CONTRACT

let me know Resubmitt when current ins. is obtained - 12/15/14 T.C.D.

14 DEC 15 PM 2:21
2014 NOV 19 AM 10:07
EL DORADO COUNTY COUNSEL
COUNTY COUNSEL