

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 12/18/25

Need Date: 12/30/25

PROCESSING DEPARTMENT

Department: Sheriff's Office
Dept Contact: Katie Cruickshank
Phone: 530-621-5609
Dept. Signature: Monica Ferguson
Title: _____

Org Code: 2410100
Funding Source: _____
PL String: _____
Legistar #: 26-0456

CONTRACT INFORMATION

CONTRACT #: 10044 CONTRACT AMENDMENT #: _____

Contracting Department: Sheriff's Office
Contractor/Vendor Name: National Medical Services, Inc dba NMS Labs
Contract Term: whensigned-12/31/26 Contract Value: \$113,000.00

Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: _____
NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Review and approve Sonoma County piggyback contract

COUNTY COUNSEL

Approved Disapproved Date: 1/13/26
Approved Disapproved Date: _____

By: Stephen L. Mansell Digitally signed by Stephen L. Mansell
Date: 2026.01.13 15:21:17 -08'00'
By: _____

COMMENTS Approved as revised.

CONTRACT AMENDMENT ONLY

HR APPROVAL

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

RISK APPROVAL

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

COMMENTS _____
