

CONTRACT ROUTING SHEET

Date Prepared: 2/13/19

Need Date: 3/16/19

PROCESSING DEPARTMENT:

Department: Sheriff's Office

Dept. Contact: Tania Donnelly TD

Phone #: 530-621-6636

Department J. D.V. 2/13/19

Head Signature: [Signature]

CONTRACTOR:

Name: Cordico Psychological Corp.

Address: 2377 Gold Meadow Way Ste 100

Gold River, CA 95670

Phone: 844-267-3426

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Psych Fitness Exams for employment

Contract Term: 3 years from execution date Contract Value: \$93,600.00

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 2/26/19 By: [Signature]

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

CALIFORNIA COUNTY COUNSEL
21 FEB 26 AM 7:18

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

*Automobile Insurance is requesting to be waived due to travel not being a part of the contract _____

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

Departments: DA and Probation

Approved: Disapproved: _____ Date: 2.15.19 By: [Signature]

Approved: Disapproved: _____ Date: 2/22/19 By: [Signature]