

Resubmitted to County Counsel 1/24/11
Contract # 343-S1111

CONTRACT ROUTING SHEET

Date Prepared: 01/10/11

Need Date: 01/24/11

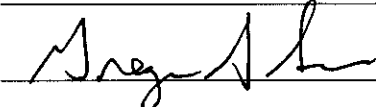
PROCESSING DEPARTMENT:

Department: Probation Department

Dept. Contact: Diane Hofsommer

Phone #: X5957

Department

Head Signature: 

CONTRACTOR:

Name: Redwood Toxicology Laboratory, Inc.

Address: 3650 Westwind Boulevard, Santa Rosa, CA 94503-95403

Phone: 800-255-2159 x4342

CONTRACTING DEPARTMENT: Probation Department

Service Requested: Drug testing to detect the use of illicit drugs and alcohol on an "as requested" basis for the Probation Department and Sheriff's Office.

Contract Term: March 9, 2011 - March 8, 2014 Contract Value: \$160,000.00

Compliance with Human Resources requirements? Yes: n/a No: n/a

Compliance verified by: (n/a per Bonnie Rich 01/10/11, see Feasibility Analysis)

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

Approved: _____ Disapproved: Date: 1/19/11 By: 

Approved: Disapproved: _____ Date: 1/24/11 By: 

NEW II
Close PO
EXHIBIT
① Need to include the HIPAA compliance paragraph + Board Assoc Agent See Agreement # 511 50811 Article IV

Close
NEW II
② Need to include the Confidentiality paragraph - See Agreement 511 50811 Article V

Paragraph
And EXHIBIT
Added
③ I suggest adding a paragraph that states travel expenses will be paid in accordance with our BOARD Policy for Travel and attach a copy of the policy as an Exhibit. They charge travel fees for Expert witness testimony (Ex B - \$350 plus expenses)

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/25/11 By: 

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

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

Departments: Sheriff's Office

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

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