

CONTRACT ROUTING SHEET

Date Prepared: 2/4/16

Need Date: 3/4/16

PROCESSING DEPARTMENT:

Department: Sheriff's Office

Dept. Contact: Kelley Golden

Phone #: 530-621-5657

Department: _____

Head Signature: [Signature] 2/23/16

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: \$30,000.00

Compliance with Human Resources requirements? Yes: No: _____

Compliance verified by: Julie Patton Sr Human Resources Analyst

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

Approved: Disapproved: Date: 3/1/16 By: [Signature]

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

"Exhibit A" is not marked and attached. Please follow up to e-mail sent to you today and resubmit upon your return. Otherwise it looks like

COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 3/8/16 By: [Signature]

Approved: Disapproved: _____ Date: 3/21/16 By: [Signature]

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

See copy for deficiencies

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

Departments: _____

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

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