CONTRACT ROUTING SHEET

Date Prepared: 8/29/16   **Need Date:** 9/15/16

PROCESSING DEPARTMENT: **CONTRACTOR:**
Department: Sheriff's Office   Name: Cordico Psycological Corp.
Dept. Contact: Kelley Golden   *KG*   Address: 2377 Gold Meadow Way Ste 100
                                                        Gold River, CA 95670
Phone #: 530-621-5657   Phone: 844-267-3426
Department
Head Signature: *[signature]* 9/9/16

CONTRACTING DEPARTMENT: Sheriff's Office, Probation, District Attorney
Service Requested: Psych Fitness Exams for employment
Contract Term: 4/5/16 – 4/4/19   Contract Value: $93,600.00
Compliance with Human Resources requirements? Yes: x   No:
Compliance verified by: Julie Patton- Sr Human Resources Analyst

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: ✓   Disapproved: ____   Date: 9/13/110   By: *[signature]* Judith M. Ker
Approved: ____   Disapproved: ____   Date: _____   By: _____

9/13 Email to K Golden
9/13 Revised amendment/JC w K Golden New pg. 4

[vertical stamp: ELDORADO COUNTY COUNSEL 2016 SEP -9 AM 3:59]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: ✓   Disapproved: ____   Date: 9-14-16   By: *[signature]*
Approved: ____   Disapproved: ____   Date: _____   By: _____

EDC HR/RISK
'16 SEP 14 AM 08:57

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: ____   Disapproved: ____   Date: _____   By: _____
Approved: ____   Disapproved: ____   Date: _____   By: _____