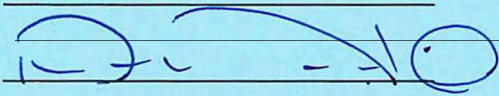


CONTRACT ROUTING SHEET

Date Prepared: 02/02/2017

Need Date: 02/08/2017 or before
Tentative scheduled for BOS 2/28/17

PROCESSING DEPARTMENT:

Department: Probation
 Dept. Contact: Darci Prall
 Phone #: Ext. 6076
 Department
 Head Signature: 

CONTRACTOR:

Name: SCRAM of California
 Address: 402 W. Broadway, STE 1250
 San Diego, CA 92101
 Phone: Aaron Fleisher
 619-237-0300/619-550-6657

CONTRACTING DEPARTMENT: Probation

Service Requested: Contractor to provide continuous transdermal electronic alcohol monitoring equipment with/without the house arrest component, access to SCRAM System Program Management Center, and provide necessary equipment and internet based software program training.
 AMDT I - add SCRAM One-Piece GPS, SCRAM GPS Home Base Cellular Unit and SCRAM Remote Breathing and increase the total agreement amount by \$60,000 a not to exceed amount of \$120,000.00

Contract Term: 3 year from execution

Contract Value: \$60,000.00 original
 \$60,000.00 AMDT I
 \$120,000.00 Total

06/19/2015-06/18/2018

Compliance with Human Resources requirements?

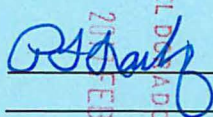
Yes: X

No: _____

Compliance verified by: Emailed 2/2/17

Approved 2/2/17 by email - Attached


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

Approved: X Disapproved: _____ Date: 2/8/17 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

 EL DORADO COUNTY COUNSEL
 2017 FEB -8 AM 10:06

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 2-10-17 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

RMS:07 HR/RM FEB 9 '17

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

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