## **CONTRACT AMENDMENT ROUTING SHEET**

Date Prepared:	08/14/2018	Need Date:	ASAP
PROCESSING D	EPARTMENT:	CONTRACTOR:	
Department:	Probation	Name:	Core Correctional Solutions, Inc.
Dept. Contact:	Chelsea Doyle	Address:	689 Union Drive
Phone:	530-621-5638		Hudson, OH 44236
Department		Phone:	330-391-0100
Head Signature:	12 - 1 (-		
		Org Code:	2500000
CONTRACTING	DEPARTMENT: Probation		
	ed: Training on an 'As Reques	ted' Basis	
Contract Term: /	Amendment to EXHIBIT A for remainder of 3 year term 9/22/15-9/21/18	Contract Value	: NTE \$200,000
COUNTY COUNS	SEL: (must approve all contrac	ts and MOU's)	21.1
Approved: X		Date:	PFF By: 8/2/18
	Disapproved:	Date:	By:
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	COUNSEL FLEASE FORWARD I	O HINKISK WANAG	EMENT ITANICO:
		0	
		s? Yes:	X No:
Compliance verific	ed by: Approved 08/03/2015		
RISK MANAGEM	ENT APPROVAL: (all contract	ts & MOU's excep	ot boilerplate grant funding contracts)
Approved:	Disapproved:		
Approved:	Disapproved:	Date:	Den
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OTHER APPROV Departments:		rticipating or direc	ctly affected by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
COUNTY COUNS Approved: Approved: Approved: Compliance with It Compliance verifies RISK MANAGEM Approved: Approved: Approved: Approved: Approved: Approved: Approved:	COUNSEL PLEASE FORWARD T  Human Resources requiremented by: Approved 08/03/2015  ENT APPROVAL: (all contract Disapproved: Disapprove	Date: Date: Date: Date:  TO HR/RISK MANAGE  S? Yes:  ts & MOU's excepto Date: Date: Date: Date: Date: Date:	EMENT THANKS!  X No:  Ot boilerplate grant fonding contract By:  Etly affected by this contract).