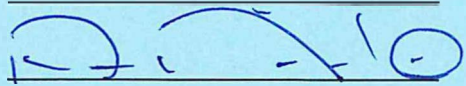


# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 08/14/2018

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Probation  
Dept. Contact: Chelsea Doyle  
Phone: 530-621-5638  
Department  
Head Signature: 

**CONTRACTOR:**

Name: Core Correctional Solutions, Inc.  
Address: 689 Union Drive  
Hudson, OH 44236  
Phone: 330-391-0100  
Org Code: 2500000

**CONTRACTING DEPARTMENT:** Probation

Service Requested: Training on an 'As Requested' 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 COUNSEL:** (must approve all contracts and MOU's)


Approved:  Disapproved: \_\_\_\_\_ Date: FFF By: SKH/18  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**COUNSEL -- PLEASE FORWARD TO HR/RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No: \_\_\_\_\_  
Compliance verified by: Approved 08/03/2015

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved: \_\_\_\_\_ Date: 8/22/18 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ENDORSED COUNTY COUNSEL  
AUG 15 AM 9:10

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_