Agreement # 5094

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	08/18/2020	Need Date:	08/25/2020
PROCESSING DEPARTMENT:		CONTRACT	TOR:
Department: Dept. Contact: Phone: Department Head Signature:	SHERIFF	Name:	National Medical Services, Inc.
	Tania Donnelly	Address:	
	530-621-6636		
	Jon DeVille	Phone:	
		Org Code:	2420
		Project #	
		(if applicable):	
		Funding Sou	urce:
CONTRACTING	DEPARTMENT: SHERIFF'S OFFICE	5	
Service Requested: REVIEW CONTRACT FOR FORENSIC ANALYSIS AND TOXICOLOGY SERVICES			
Description: Agree	ement to provide FORENSIC ANALYSIS AND TO	KICOLOGY	
Contract Term: 11/1/2020-10/31/2022 Contract Value:			: 190900
COUNTY COUNS	SEL: (Must approve all contracts	and MOU's)	
Approved: x	Disapproved:	Date: 8/20	0/20 By: SLM
Approved:	Disapproved:	Date:	By:
	<u></u>		
Approved by Stephen Mansell, Sr. Deputy County Counsel			
the second second			
No. of Concession, Name			
1.11.1			

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP <u>cao-contracts-newrequests@edcgov.us</u> Thank you!