



County of Solano Contract Review Worksheet

Contract Number:
(Dept., Division, FY, #)
Authority:
 Dept Head Execute
 CAO Execute
 BOS Approval Required

NOTE: Please review all instructions on the back of this worksheet before you begin processing.

1. Department/Division: PROBATION		2. Date: 05/20/2025											
3. Contract Administrator: Robelle Paras		4. Phone Ext: 7449											
5. Contract Attributes: <input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Intergovernmental <input checked="" type="checkbox"/> Personal/Professional Svcs <input type="checkbox"/> Purchase of Goods <input type="checkbox"/> Lease <input type="checkbox"/> Construction <input type="checkbox"/> Other		<input type="checkbox"/> Original Bid/RFP Required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sole Source Contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Bid/RFP No: 952-1104-22 Date: / / Please attach copy of Bid/RFP or justification.											
		<input checked="" type="checkbox"/> Amendment/Change Order Amendment/Change Order Number: 2 Contract No: Date: / / Please attach copies of original/amendments.											
6. Description of Contract: Contractor to provide on-site food management services at the Juvenile Detention Facility.													
7. Name of Contractor: ARAMARK CORRECTIONAL SERVICES		8. EIN - SSN - -											
9. Is Contractor a California Public Pension Plan Retiree? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes: Name of Public Pension Plan: Date of Retirement:													
Does Contractor have a personal relationship in a direct line of supervision in your Department? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please describe relationship:													
10. Does Contractor have a personal relationship with someone in another Department? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please provide Department and describe relationship:													
11. Has County contracted with Contractor previously during this fiscal year? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Please list County department if other than the department listed on number 1 above. Sheriff's													
12. Effective Date: 07/01/2022 This amendment:		13. Termination Date: 6/30/2026 By this amendment: / /											
14. Contract Budget: Original Contract Amount: \$ 900,000 Total of Previous Amendments: \$ 300,000 Current Amendment: \$ 450,000 Total Amount of Contract \$ 1,650,000		15. Payment Terms: <table border="1"> <tr> <td><input type="checkbox"/> Prepaid</td> <td><input checked="" type="checkbox"/> Arrears</td> </tr> <tr> <td><input type="checkbox"/> Monthly</td> <td><input type="checkbox"/> Quarterly</td> </tr> <tr> <td><input type="checkbox"/> Fixed</td> <td><input type="checkbox"/> Progress</td> </tr> <tr> <td><input type="checkbox"/> Actual</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Estimate</td> <td></td> </tr> </table>	<input type="checkbox"/> Prepaid	<input checked="" type="checkbox"/> Arrears	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Fixed	<input type="checkbox"/> Progress	<input type="checkbox"/> Actual	<input type="checkbox"/> Other	<input type="checkbox"/> Estimate		16. Source of Funds: <input type="checkbox"/> Fed/State Grant <input checked="" type="checkbox"/> Fed/State Funding <input checked="" type="checkbox"/> County Specify: <u>SB23, YOBG</u> Fed Catalog No: State Legislation: AB/SB
<input type="checkbox"/> Prepaid	<input checked="" type="checkbox"/> Arrears												
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly												
<input type="checkbox"/> Fixed	<input type="checkbox"/> Progress												
<input type="checkbox"/> Actual	<input type="checkbox"/> Other												
<input type="checkbox"/> Estimate													
17. Fund: 900 Budget Unit: 6691/6682/6690		18. Current Appropriation Sufficient? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
19. Proposed Board of Supervisors Agenda Date, if required. Please attach agenda summary and ATR request. 6/24/2025													
20. Remarks Part of Master Contract List 6/24/25													
21. Signature Route:		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><i>Robelle Paras</i></p> <p>Department Contract Administrator</p> <p>HR Analyst (for Contract Employees) or Risk Mgmt (for insurance changes) if applicable</p> </div> <div style="text-align: center;"> <p>05/20/2025</p> <p>Dated</p> <p>Dated</p> </div> <div style="text-align: center;"> <p><i>J. Barga</i></p> <p>County Counsel</p> <p><i>Tami Lukens</i></p> <p>CAO Analyst</p> </div> <div style="text-align: center;"> <p>05/20/2025</p> <p>Dated</p> <p>Dated</p> </div> </div>											

**SECOND AMENDMENT TO STANDARD CONTRACT
BETWEEN COUNTY OF SOLANO and ARAMARK CORRECTIONAL SERVICES, LLC**

This Second Amendment ("Second Amendment") is entered into as of July 1, 2025, between the COUNTY OF SOLANO, a political subdivision of the State of California ("County") and Aramark Correctional Services, LLC, ("Contractor").

1. Recitals

- A. The parties entered into a contract dated July 1, 2022 (the "Contract"), in which Contractor agreed to provide County with food management oversight services to include off-site food preparation services using a cook-chill process and transporting the prepared meals to the County Juvenile Detention Facility.
- B. On July 1, 2024, the parties amended the Contract ("First Amendment") to increase compensation.
- C. The parties now wish to amend the Contract to increase compensation and extend services through June 30, 2026.
- D. This Second Amendment represents a \$450,000 increase in total compensation and extends the term for 12 months.
- E. The parties agree to amend the Contract as set forth below.

2. Agreement.

A. Amount of Contract

Exhibit B, "Budget Detail and Payment Provisions", Section 1, Compensation, is deleted in its entirety and replaced with:

Maximum compensation for food management and operational services shall not exceed **\$1,650,000**. Compensation shall include payment for services rendered in accordance with Exhibit A (Scope of Services) payable per the following scale:

Number of Meals Per Week		Price Per Meal
0	315	\$27.18
316	420	\$16.04
421	525	\$12.70
526	651	\$10.56
652	756	\$9.17
757	861	\$8.17
862	966	\$7.40
967	1050	\$6.82
1051	above	\$6.34

*The price per meal based on the total number of meals served per week.

**Should the Meal Count fall below 315 meals per week, the price per meal shall be adjusted to an amount to be mutually agreed upon by the parties.

Compensation shall also include any applicable sales tax, less any credits for the fair market value of the U.S.D.A. donated commodity usage and/or penalties.

B. Term of Contract

The term of the Contract is 7/1/2022 through 6/30/2026.

3. Effectiveness of Contract.

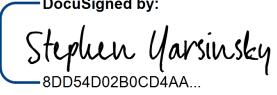
Except as set forth in this Second Amendment, all other terms and conditions specified in the Contract remain in full force and effect.

COUNTY OF SOLANO, a Political Subdivision of the State of California

By 

William Emlen (Jun 25, 2025 14:15 PDT)
Bill Emlen, County Administrator

ARAMARK CORRECTIONAL SERVICES, LLC

By 

Stephen Yarsinsky
8DD54D02B0CD4AA...
Stephen Yarsinsky, Vice President

APPROVED AS TO FORM

By 

County Counsel