



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: 5/2/2025											
3. Contract Administrator: Robelle Paras		4. Phone Ext: 7449											
5. Contract Attributes: <input checked="" 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO Sole Source Contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Bid/RFP No: Date: Please attach copy of Bid/RFP or justification.											
		<input checked="" type="checkbox"/> Amendment/Change Order Amendment/Change Order Number: 4 Contract No: Date: Please attach copies of original/amendments.											
6. Description of Contract: Contractor to provide medical and dental services for wards detained at the Juvenile Detention Facility and Challenge Program.													
7. Name of Contractor: CALIFORNIA FORENSIC MEDICAL GROUP		8. EIN 77 - 0005793 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: _____													
10. 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													
11. Effective Date: Original Contract: 07 / 01 / 2021 This amendment: _____		12. Termination Date: 06 / 30 / 2024 This amendment: 06 / 30 / 2026											
13. Contract Budget: Original Contract Amount: \$ 5,930,804 Total of Previous Amendments: \$ 2,431,754.44 Current Amendment: \$ 2,360,428.34 Total Amount of Contract \$ 10,722,986.78		14. Payment Terms: <table border="1"> <tr> <td><input checked="" type="checkbox"/> Prepaid</td> <td><input type="checkbox"/> Monthly</td> </tr> <tr> <td><input type="checkbox"/> Arrears</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 checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Monthly	<input type="checkbox"/> Arrears	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Fixed	<input type="checkbox"/> Progress	<input type="checkbox"/> Actual	<input type="checkbox"/> Other	<input type="checkbox"/> Estimate		15. Source of Funds: <input type="checkbox"/> Fed/State Grant <input checked="" type="checkbox"/> State Allocation YOBG/SB823 <input checked="" type="checkbox"/> County Fed Catalog No: _____ State Legislation: AB
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Monthly												
<input type="checkbox"/> Arrears	<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. Fund: 900 Budget 6690, Unit: 6691, Sub-object: 2245 6682		17. Current Appropriation Sufficient? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
18. Proposed Board of Supervisors Agenda Date, if required. Please attach agenda summary and ATR request. 6/24/25 (Master List of Contracts)													
19. Remarks Part of Master Contract List 6/24/25													
20. Signature Route:		05/02/2025 <i>J Barga</i> 05/02/2025 Robelle Paras											
Department Contract Administrator		Dated	Dated										
		<i>Tami Jukens</i>	06/24/2025										
HR Analyst (for Contract Employees) or Risk Mngmt (for insurance changes) if applicable		Dated	Dated										
*See Instructions													

**FOURTH AMENDMENT TO STANDARD CONTRACT
BETWEEN COUNTY OF SOLANO and CALIFORNIA FORENSIC MEDICAL GROUP,
INC.**

This FOURTH Amendment (“Fourth Amendment”) is made on July 1, 2025, between the COUNTY OF SOLANO, a political subdivision of the State of California (“County”) and California Forensic Medical Group (“Contractor”).

1. Recitals

- A. The parties entered into a contract dated July 1, 2021 (the “Contract”), in which Contractor agreed to provide on-site medical services to identified juvenile clients placed at the Juvenile Detention Facility.
- B. On January 1, 2022, the parties amended the Contract (“First Amendment”) to revise the Scope of Work.
- C. On July 1, 2023, the parties amended the contract (“Second Amendment”) to increase compensation.
- D. On July 1, 2024, the parties amended the contract (“Third Amendment”) to increase compensation and extend the term.
- E. The parties now wish to amend the contract to increase compensation and extend services through June 30, 2026.
- F. This Fourth Amendment represents a \$2,360,428.34 increase in total compensation and extending the term for 12 months.
- F. The parties agree to amend the Contract as set forth below.

2. Agreement

A. Amount of Contract.

Section 3 is deleted in its entirety and replaced with:

The maximum amount of this Contract is: \$10,722,986.78.

B. Term of Contract.

Section 2 is deleted in its entirety and replaced with:

The Term of the Contract is: 7/1/2021 through 6/30/2026.

C. Exhibit B, Budget Detail and Payment Provisions

The first paragraph in Section 1 *TOTAL COMPENSATION* is amended to:

Maximum compensation for medical services shall not exceed \$10,722,986.78.

Section 4. *ANNUAL PRICE ADJUSTMENT*. The table below reflects the adjustment with new rate.

Renewal Year	Annual Cost	Monthly Cost
4: July 1, 2025 – June 30, 2026	\$2,360,428.34	\$196,702.36

3. Effectiveness of Contract.

Except as set forth in this Fourth 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 WJL
By [William Emlen \(Jun 25, 2025 14:17 PDT\)](#)
Bill Emlen, County Administrator

CALIFORNIA FORENSIC MEDICAL
GROUP, INC.

By 
Signed by:
043819F7A628439...
Dr. Judd Bazzel, President

APPROVED AS TO FORM

By JBarga
County Counsel