



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: 04 / 1 / 2025	
3. Contract Administrator: Sadao Holman		4. Phone Ext: 7657	
5. Contract Attributes: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <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 </div> <div style="width: 30%;"> <input type="checkbox"/> Original Bid/RFP Required? Sole Source Contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Bid/RFP No: _____ Date: / / Please attach copy of Bid/RFP or justification. </div> <div style="width: 35%;"> <input checked="" type="checkbox"/> Amendment/Change Order Amendment/Change Order Number: 4 Contract No: _____ Date: 07 / 01 / 2021 Please attach copies of original/amendments. </div> </div>			
6. Description of Contract: Contractor to provide Educational Support and Tutoring Services to youth at the Juvenile Detention Facility and both Youth Achievement Centers.			
7. Name of Contractor: SOLANO COUNTY OFFICE OF EDUCATION		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. _____			
12. Effective Date: Original Contract: 07 / 01 / 2021 This amendment: 07 / 01 / 2025		13. Termination Date: 6 / 30 / 2024 By this amendment: 06 / 30 / 2026	
14. Contract Budget: Original Contract Amount: \$ 112,500 Total of Previous Amendments: \$ 594,122 Current Amendment: \$ 188,136 Total Amount of Contract \$ 782,258		15. Payment Terms: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Arrears <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimate </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Progress <input type="checkbox"/> Other </div> </div>	
		16. Source of Funds: <input type="checkbox"/> Fed/State Grant <input checked="" type="checkbox"/> Fed/State Funding <input checked="" type="checkbox"/> County Specify: YOBG 50%_GF50% Fed Catalog No: _____ State Legislation: AB/SB	
17. Fund: 900 Budget Unit: 6707 / 6690 Sub-object: 2245		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 / 30 / 2025			
20. Remarks First amendment to extend contract and increase compensation			
21. Signature Route:			
 Department Contract Administrator		 County Counsel	
3/26/25 Dated		MAR 26 2025 Dated	
HR Analyst (for Contract Employees) or Risk Mgmt (for insurance changes) if applicable		 CAO Analyst	
		Dated	

**FOURTH AMENDMENT TO STANDARD CONTRACT
BETWEEN COUNTY OF SOLANO and SOLANO COUNTY OFFICE OF EDUCATION
(SCOE)**

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 SOLANO COUNTY OFFICE OF EDUCATION (SCOE)("Contractor").

1. Recitals

- A. The parties entered into a contract dated July 1, 2021 (the "Contract"), in which Contractor agreed to provide individualized educational support at the Juvenile Detention Facility (JDF) and the Youth Achievement Centers.
- B. On July 1, 2022 the parties amended the Contract ("First Amendment") to extend the term, amend the scope of the Contract, and increase total compensation.
- C. On July 1, 2023 the parties amended the Contract ("Second Amendment") to extend the term and increase compensation.
- D. On July 1, 2024 the parties amended the Contract ("Third Amendment") to extend the term and increase compensation.
- E. The parties now wish to amend the Contract to extend the term and increase total compensation.
- F. This Fourth Amendment represents a twelve (12) month extension of the contract and an increase of \$188,136 in total compensation.
- G. The parties agree to amend the Contract as set forth below.

2. Agreement.

A. Term of Contract

Section 2 is deleted in its entirety and replaced with:

The Term of this Contract is: July 1, 2025 - June 30, 2026.

B. Amount of Contract

Section 3 is deleted in its entirety and replaced with:

The maximum amount of this Contract is: \$782,258.00.

C. Exhibit B - Budget Detail and Payment Provisions

Exhibit B Section 1 *TOTAL COMPENSATION* is deleted in its entirety and replaced with:

Maximum compensation for activities performed by the Contractor shall not exceed \$782,258.00. Compensation shall include reimbursement for staff salaries and benefits relative to the hours spent providing direct services in accordance with the attached to this contract as Attachment B. The Office of Education will claim reimbursement costs monthly, on or by the twentieth calendar day of each month, to ensure that expenditures related to the Educational Support Services project are recorded in the proper period. Claims will be in the form of an invoice accompanied by an excel spreadsheet to reflect detailed costs. The Probation Department will be responsible to maintain a claim file that includes all underlying supporting documentation.

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

SOLANO COUNTY OFFICE OF EDUCATION
(SCOE)

By 
Bill Emien, County Administrator

By 
Becky Lentz, Director
Internal Business Services

APPROVED AS TO FORM

By 
County Counsel

SOLANO COUNTY OFFICE OF EDUCATION
Educational Support & Tutoring

FY 2025-26

Educational Support & Tutoring

A. Personnel Expenses		25/26
Job Title	FTE	
Educational Support & Tutoring Support Provider	1.00	\$ 110,000
Total Salaries		\$ 110,000
Benefits		\$ 58,000
Total Personnel Expenses (Salary & Benefits)	1.00	\$ 168,000
B. Operating Expenses		
Equipment & Supplies		\$ 1,500
Travel (professional development)/Mileage		2,000
Total Operating Expenses		\$ 3,500
C. Indirect Expenses		
Indirect Costs (9.7%)		\$ 16,636
Total Indirect Expenses		\$ 16,636
Total Budget		\$ 188,136