



# 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: <b>PROBATION</b>		2. Date: <b>04 / 1 / 2025</b>	
3. Contract Administrator: <b>Sadao Holman</b>		4. Phone Ext: <b>7657</b>	
5. Contract Attributes: <div> <input type="checkbox"/> Original           <div>             Bid/RFP Required? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO             Sole Source Contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO           </div> </div> <div> <input checked="" type="checkbox"/> Expenditure  <input type="checkbox"/> Revenue           <div>             Bid/RFP No: _____              Date: _____ / ____ / ____              Please attach copy of Bid/RFP or justification.           </div> </div> <div> <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>		<input checked="" type="checkbox"/> Amendment/Change Order  Amendment/Change Order Number: <b>5</b>  Contract No: _____ Date: _____ / ____ / ____ Please attach copies of original/amendments.	
6. Description of Contract: <b>Contractor to provide transitional educational services to youth in Juvenile Hall.</b>			
7. Name of Contractor: <b>SOLANO COUNTY OFFICE OF EDUCATION</b>		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: <b>07 / 01 / 2021</b> This amendment: <b>07 / 01 / 2025</b>		13. Termination Date: <b>6 / 30 / 2021</b> By this amendment: <b>06 / 30 / 2026</b>	
14. Contract Budget: Original Contract Amount: \$ <b>76,561</b> Total of Previous Amendments: \$ <b>716,342</b> Current Amendment: \$ <b>187,039</b> Total Amount of Contract \$ <b>903,381</b>		15. Payment Terms: <div> <input type="checkbox"/> Prepaid  <input checked="" type="checkbox"/> Arrears           <div> <input checked="" type="checkbox"/> Monthly  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Progress  <input type="checkbox"/> Other           </div> </div> <div> <input type="checkbox"/> Fixed  <input checked="" type="checkbox"/> Actual  <input type="checkbox"/> Estimate         </div>	
16. Source of Funds: <input type="checkbox"/> Fed/State Grant <input checked="" type="checkbox"/> Fed/State Funding <input type="checkbox"/> County Specify: YOBG/SB823 Fed Catalog No: _____ State Legislation: AB/SB			
17. Fund: <b>900</b> Budget Unit: <b>6682/6691</b> Sub-object: <b>2245</b>		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. <b>6 / 30 / 2025</b>			
20. Remarks			
21. Signature Route:			
 Department Contract Administrator		<b>3/26/25</b> Dated	
HR Analyst (for Contract Employees) or Risk Mgmt (for insurance changes) if applicable		 County Counsel	
		<b>MAR 26 2025</b> Dated	
		 CAO Analyst	
		Dated	

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

This Fifth Amendment ("Fifth 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, 2020 (the "Contract"), in which Contractor agreed to provide the County with Transitional Educational services to minors detained at the Juvenile Detention Facility (JDF).
- B. On July 1, 2021 the parties amended the Contract ("First Amendment") to extend the term, amend the scope and increase compensation.
- C. On July 1, 2022 the parties amended the Contract ("Second Amendment") to extend the term and increase compensation.
- D. On July 1, 2023 the parties amended the Contract ("Third Amendment") to extend the term and increase compensation.
- E. On July 1, 2024 the parties amended the Contract ("Fourth Amendment") to extend the term and increase compensation.
- F. The parties now wish to amend the Contract to extend the term to amend and to increase total compensation.
- G. This Fifth Amendment represents a twelve (12) month extension of the Contract to allow for continued services through June 30, 2026 and an increase of \$187,039 in total compensation.
- H. 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 the Contract is: July 1, 2020 through June 30, 2026.

**B. Amount of Contract**

Section 3 is deleted in its entirety and replaced with:

The maximum amount of this Contract is: \$903,381.

3. 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 Office of Education shall not exceed \$903,381. 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 Transitional Educational 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.

4. Effectiveness of Contract.

Except as set forth in this Fifth 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 Emlen, County Administrator

By   
Becky Lentz, Director  
Internal Business Services

APPROVED AS TO FORM

By   
County Counsel

**SOLANO COUNTY OFFICE OF EDUCATION  
JDF Transition Services**

**FY 2025-26**

<b>A. Personnel Expenses</b>		
<b>Job Title</b>	<b>FTE</b>	
Student Support Specialist	0.60	\$ 75,000
College & Career Development Specialist	0.50	33,000
Total Salaries		\$ 108,000
Benefits		\$ 62,500
<b>Total Personnel Expenses (Salary &amp; Benefits)</b>	<b>1.10</b>	<b>\$ 170,500</b>
<b>C. Indirect Expenses</b>		
Indirect Costs (9.70%)		\$ 16,539
<b>Total Indirect Expenses</b>		<b>\$ 16,539</b>
<b>Total Budget</b>		<b>\$ 187,039</b>