



# 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>3/17/25</b>											
3. Contract Administrator: <b>SAN CHESSER</b>		4. Phone Ext: <b>7522</b>											
5. Contract Attributes:		<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: <b>680-0121-23</b> Date <b>4/11/22</b> Please attach copy of Bid/RFP or justification.											
<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 checked="" type="checkbox"/> Amendment/Change Order Amendment/Change Order Number Contract No: <b>2</b> Date: <b></b> Please attach copies of original/amendments											
6. Description of Contract:  Electronic Monitoring program for juvenile and adult clients as ordered by the Court.		7. Name of Contractor: <b>SCRAM OF CALIFORNIA</b>  8. EIN <b></b> SSN <b></b>											
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: <b></b> Date of Retirement: <b></b>													
10. 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: <b></b>													
11. 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: <b></b>													
12. Effective Date: Original Contract: <b>7/1/22</b> This amendment: <b>7/1/25</b>		13. Termination Date: <b>6/30/25</b> By this amendment: <b>6/30/26</b>											
14. Contract Budget:  Original Contract Amount: <b>\$ 840,000</b> Total of Previous Amendments: <b>\$ 150,000</b> Current Amendment: <b>\$ 416,000</b> Total Amount of Contract <b>\$ 1,406,000</b>		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 checked="" 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 checked="" type="checkbox"/> Progress	<input type="checkbox"/> Actual	<input type="checkbox"/> Other	<input type="checkbox"/> Estimate		16. Source of Funds: <input checked="" type="checkbox"/> Fed/State Grant <input type="checkbox"/> Fed/State Funding <input type="checkbox"/> County Specify: <b>Pretrial/AB109/YOBG</b> Fed Catalog No: State Legislation: <input type="checkbox"/> AB <input checked="" type="checkbox"/> SB
<input type="checkbox"/> Prepaid	<input checked="" type="checkbox"/> Arrears												
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly												
<input type="checkbox"/> Fixed	<input checked="" type="checkbox"/> Progress												
<input type="checkbox"/> Actual	<input type="checkbox"/> Other												
<input type="checkbox"/> Estimate													
17. Fund: <b>900</b> Budget <b>6673/6674</b> Unit: <b>6682</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>6/24/25</b>													
20. Remarks County issued RFP and SCRAM was awarded the contract.													
21. Signature Route:  San Chesser (Mar 17, 2025 14:22 PDT)		Email <b></b>											
Department Contract Administrator <b>San Chesser</b>		Email <b></b>											
Contractor Signatory Name (Informational only) Email <b></b>		Email <b></b>											
Dean J. Farrah  Email <b></b>		Email <b></b>											
Department Head or Designee <b>Dean J. Farrah</b>		Email <b></b>											
JBarga  Barga (Mar 18, 2025 09:40 PDT)		Email <b></b>											
County Counsel Reviewer <b>JBarga</b>		Email <b></b>											
Tami Lukens  Tami Lukens (Apr 18, 2025 08:05 PDT)		Email <b></b>											
CAO Analyst <b>Tami Lukens</b>		Email <b></b>											
Bill Emlein  Bill Emlein (Jun 26, 2025 14:27 PDT)		Email <b></b>											
Authorizing Signature (CAO/DH) <b>Jun 26, 2025</b>													

**SECOND AMENDMENT TO STANDARD CONTRACT  
BETWEEN COUNTY OF SOLANO and SCRAM OF CALIFORNIA**

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

**1. Recitals**

- A. The parties entered into a contract dated July 1, 2022 (the "Contract"), in which Contractor agreed to provide Electronic Monitoring Services to juvenile and adult clients for Probation Department.
- B. On July 1, 2023 the parties amended the Contract ("First Amendment") to increase compensation.
- C. The County now needs to amend the Contract to extend the term and increase compensation.
- D. This Second Amendment represents a twelve (12) month extension of the contract and an increase in compensation of \$416,000 for a total of \$1,406,000.
- D. 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, 2022 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: \$1,406,000.

**3. Payment Provisions**

A. The first sentence in Section 1 *Total Compensation* of Exhibit B is deleted in its entirety and replaced with:

Maximum contract amount **shall not exceed \$1,406,000.**

B. Section 3, *Budget Detail*, Budget Worksheet – Summary is deleted in its entirety and replaced with **Attachment – A.**

**4. 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: [Bill Emlen](#)  
Bill Emlen (Jun 26, 2025 14:27 PDT)  
Bill Emlen, County Administrator

SCRAM of California

By:   
[Danny Prokosch \(Mar 17, 2025 13:42 PDT\)](#)  
Danny Prokosch, Vice President  
of Business Development

APPROVED AS TO FORM

By: [JBarga](#)  
JBarga (Mar 18, 2025 09:40 PDT)  
County Counsel

**Attachment - A**

## SCRAM of California – 2025/2026 Pricing

***This pricing includes two full-time staff members to support the programming needs working at Solano Probation locations.***

### BUDGET WORKSHEETS- SUMMARY

PRODUCT	Installation Fee (one-time)	Daily Rate When Active
<b>SCRAM Continuous Alcohol Monitoring + ETHERNET optional RF NO ADDITIONAL CHARGE</b>	\$80.00	\$15.13
<b>SCRAM Continuous Alcohol Monitoring + WIFI/CELLULAR BASE STATION optional RF no additional charge</b>	\$80.00	\$16.83
<b>SCRAM Remote Breath (<i>None currently in use</i>)</b>	\$80.00	\$12.92
<b>SCRAM GPS (1-50 Active)</b>	\$80.00	\$14.43
<b>SCRAM GPS (51+ Active)</b>	\$80.00	\$12.97
<b>SCRAM Ally (with GPS)</b>		\$1.00
 <b><i>Additional Product and Service Offerings</i></b>		
<b>24/7 Transdermal Drug Patch (Average 10 days per patch)</b>	\$80.00	\$8.00
 <b><i>Prices above inclusive of all consumables, shipping, and shelf allowance plus 5% allowance for lost/damaged/stolen equipment</i></b>		
EQUIPMENT REPLACEMENT COSTS FOR LOST AND DAMAGED (above 5% allowance)	COST	
<b>SCRAM Continuous Alcohol Monitoring - DEVICE</b>	\$1,000.00	
<b>SCRAM Base Station-DEVICE</b>	\$420.00	
<b>SCRAM WIFI/Wireless Base Station- DEVICE</b>	\$585.00	
<b>SCRAM Remote Breath - DEVICE</b>	\$800.00	
<b>SCRAM GPS - DEVICE</b>	\$585.00	

# SCRAM - Second Amendment

Final Audit Report

2025-06-26

Created:	2025-03-17
By:	San Chesser (SMChesser@SolanoCounty.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAADOOIkYlcYdlqhLnB0sS42eE1y_H8DKPX

## "SCRAM - Second Amendment" History

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-  Document e-signed by San Chesser (SMChesser@SolanoCounty.gov)  
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-  Signer jabarga@solanocounty.com entered name at signing as JBarga  
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Signature Date: 2025-06-26 - 9:27:18 PM GMT - Time Source: server
-  Agreement completed.  
2025-06-26 - 9:27:18 PM GMT



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