



# 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>Sheriff's Office</b>		2. Date: <b>3/19/25</b>	
3. Contract Administrator: <b>Angela Donovan</b>		4. Phone Ext: <b>7012</b>	
5. Contract Attributes:		<input checked="" type="checkbox"/> Original	
<input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue		Bid/RFP Required? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      Sole Source Contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> Intergovernmental <input type="checkbox"/> Personal/Professional Svcs <input type="checkbox"/> Purchase of Goods <input type="checkbox"/> Lease <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Other		Bid/RFP No: Date:                      /      / Please attach copy of Bid/RFP or justification.	
		<input type="checkbox"/> Amendment/Change Order Amendment/Change Order Number: Contract No: Date:                      /      / Please attach copies of original/amendments.	
6. Description of Contract: <b>Donation of equipment&amp;software program interpreter which the SO will use to combat child exploitation and human trafficking. Gray Key is an iPhone based forensic device that can unlock iPhones to extract data and Axiom is a program interpreter that will read computers, network traffic, memory images and other devices.</b>			
7. Name of Contractor: <b>Donator: Our Rescue</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO Please list County department if other than the department listed on number 1 above.			
12. Effective Date:      Original Contract date of last signature This amendment: <b>NA /      /</b>		13. Termination Date: <b>N/A</b> By this amendment: <b>NA /      /</b>	
14. Contract Budget: Original Contract Amount:      \$ <b>Appx \$20,000</b> Total of Previous Amendments:      \$ Current Amendment:      \$ Total Amount of Contract      \$ <b>Appx: 20,000</b>		15. Payment Terms: N/A <input 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. Source of Funds: REVENUE <input type="checkbox"/> Fed/State Grant <input type="checkbox"/> Fed/State Funding <input type="checkbox"/> County Specify: <u>Donation</u> Fed Catalog No:                      . State Legislation:                      AB/SB	
17. Fund: <b>900</b> Budget Unit: <b>6583</b> Sub-object: <b>2271/2201/4304/9704</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>4/22/25</b>			
20. Remarks      MOU memorializes a donation of equipment and software program			
21. Signature Route:			
Angela Donovan                      3/19/25		04/17/2025	
Department Contract Administrator                      Dated		County Counsel                      Dated	
N/A                      Dated		Tami Lukens                      Apr 17, 2025	
HR Analyst (for Contract Employees) or Risk Mgmt (for insurance changes) if applicable                      Dated		CAO Analyst                      Dated	



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Rev 04/17/2019

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**MEMORANDUM OF UNDERSTANDING**  
**(LAW ENFORCEMENT SUPPORT)**  
**OUR RESCUE**

**AND**

**Solano County Sheriff's Office, California**

This Memorandum of Understanding ("MOU") will govern contributions from the U.S. based non-governmental organization Our Rescue to Solano County Sheriff's Office ("Receiving LEA") for the purpose of combatting child exploitation and human trafficking, as well as rescuing victims of these crimes. This MOU is created to establish a formal relationship of collaboration between Our Rescue and Receiving LEA. This collaboration will include Our Rescue donating to Receiving LEA the following items:

- GrayKey Essentials and Magnet Axiom Advanced (1-year). \$17,860.44.
- Forensic Workstation (Talino). To be donated from an OUR Rescue fusion lab.

Our Rescue is a non-profit organization that exists to protect children from sex trafficking and sexual exploitation. This mission is best accomplished through collaboration with Law Enforcement Agencies (LEAs), both in the U.S. and abroad. Our Rescue recognizes that LEAs have the authority to enforce the laws relating to human trafficking and child exploitation and are therefore best positioned to conduct investigative and operational activities in this fight. Our Rescue is committed to empowering domestic and foreign LEAs by providing tools, training and technology to enhance their abilities to combat child exploitation.

Our Rescue is fully sustained by donors who generously give to help save children from being victimized by sexual predators and to identify, rescue and heal those who have fallen prey to human trafficking. Receiving LEA's agreement to receive this support will entail providing Our Rescue with only information you are legally allowed to provide, to include numbers of any individuals arrested and/or victims identified during your investigation. Our Rescue does not require any names or case identifiers, only raw numbers. Furthermore, if forensic analysis of any devices located leads to the identification of a victim/s, those numbers are requested to facilitate program evaluation.

These numbers will be used to assure our donors the support provided is being used effectively in the fight against human trafficking and child exploitation. Additionally, only with your agency's approval, Our Rescue will utilize your press releases to show donors how their donations resulted in positive outcomes. Information provided by your agency will not be released without your agency's consent.

By accepting the Donation, you agree that the Donation will be provided to police units charged with investigating human trafficking/child exploitation related offenses and will be used for that purpose. Upon request by Our Rescue, Receiving LEA agrees to provide documentation showing that the Donation was used for the agreed purpose.

Acceptance of any Our Rescue support shall not create any requirements or obligations by Receiving LEA except for those specifically stated in the preceding paragraphs.

**Designated Receiving LEA's Point of Contact for Reporting: Lieutenant Ronald Sayre**  
**Phone number: 707-784-7506**  
**Email: rcsayre@solanocounty.com**

Please attach agency W9:

The parties have executed this MOU in duplicate to be effective as of the date of the last signature below.

OUR RESCUE

COUNTY OF SOLANO

Nathan Davis

OUR Rescue Representative's Name (Printed)

N. Davis 4/17/2025  
Our Rescue Representative's Signature, date

WJL

William Emlen (Apr 28, 2025 13:23 PDT)

Apr 28, 2025

Bill Emlen, County Administrator, date

SOLANO COUNTY SHERIFF'S OFFICE

Brook W. [Signature] 04-16-25  
date

Approved as to Form:

[Signature] MEM 4-16-25  
County Counsel, date