



**Contract Number**

**SAP Number**  
N/A

## Sheriff/Coroner/Public Administrator

<b>Department Contract Representative</b>	Carolina Mendoza, Chief Deputy Director of Sheriff's Administration
<b>Telephone Number</b>	(909) 387-0640
<b>Contractor</b>	Agency Name (Agency)
<b>Contractor Representative</b>	Template No. 2
<b>Telephone Number</b>	«Phone»
<b>Contract Term</b>	xx/xx/2025 – 06/30/2030
<b>Original Contract Amount</b>	
<b>Amendment Amount</b>	
<b>Total Contract Amount</b>	
<b>Cost Center</b>	4430001000
<b>Grant Number (if applicable)</b>	-----

### Briefly describe the general nature of the contract:

Contract template to allow County departments to participate in the Sheriff/Coroner/Public Administrator's Work Release Program.

#### FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>► _____</p> <p>Grace B. Parsons, Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>► _____</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>► _____</p> <p>Carolina Mendoza, Chief Deputy Director of Sheriff's Administration</p> <p>Date _____</p>
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