

# CONTRACT ROUTING SHEET

Date Prepared: 1-21-11

Need Date: 2-11-11

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X72678

Department

Head Signature: *David Nelson*

**CONTRACTOR:**

Name: Tabula Rasa Treatment Homes, Inc.

Address: 8742 Palmias Ct  
Fair Oaks, CA 95628

Phone: (916) 967-0847

1 FEB -1 AM 8:30

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home services on an "as requested" basis

Contract Term: Perpetual Contract Value: \$200,000.00

Compliance with Human Resources requirements? Yes: 1-13-11 No: \_\_\_\_\_

Compliance verified by: Mike Strella

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1-28-11 By: *Carl...*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/1/11 By: *M...*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

11 FEB 25 PM 1:35

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Please call Shirley Hodgson at x7268 to pick up. Thanks.

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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