

Assigned to: Ed Krapp

Contract #: 344-S0911

CONTRACT ROUTING SHEET

Date Prepared: 9-12-08

Need Date: 9-30-08

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: x7268

CONTRACTOR:

Name: Maxim Healthcare Services, Inc.
Address: 7227 Lee DeForest Drive
Columbia, MD 21046 (Local
address: 3013 Douglas Blvd.,
#160, Roseville, CA 95661)
Phone: 916 788 1550

Department Head Signature: [Signature]

CONTRACTING DEPARTMENT: Human Services

Service Requested: Provision of 24-hour emergency staffing for 1:1 assistance with children.
Contract Term: 12-1-08 through 11-30-11 Contract Value: \$75,000.00
Compliance with Human Resources requirements? Yes: 9-12-08 No: _____
Compliance verified by: Patti Barton

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

Approved: ✓ Disapproved: _____ Date: 9-23-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT
08 SEP 23 PM 5:06

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 9/24/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____