

CONTRACT ROUTING SHEET

Date Prepared: 04/25/2011

Need Date: 05/6/2011
(Agenda item due to CAO 05/26/11 for BOS meeting on 06/14/11 contract approval & signature)

PROCESSING DEPARTMENT:

Department: Probation Department
Dept. Contact: Diane Hofsommer
Phone #: X5957
Department: _____
Head Signature: E. Hoffmann Sr.

CONTRACTOR:

Name: County of Solano, Fouts Springs Youth Facility
Address: (1333 Fouts springs Road)
PO Box 189
Stonyford CA 95979
Phone: 530-963-6852
Richard Krygier, Facility Mgr

CONTRACTING DEPARTMENT: Probation Department

Service Requested: 2011/12 Juvenile Court ordered confinement & treatment of EDC wards; \$4,200/month/ward, no change in terms or rates from 2009/10, or 2010/11.

Contract Term: 07/01/11 through 06/30/12 Contract Value: No NTE total on AGMT, Court ordered services as needed.

Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: N/A

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

Approved: _____ Disapproved: _____ Date: 4/28/11 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

① Conditional upon adding a paragraph regarding the County Contract Administrator. Charter Rule 602. [Signature]
② Non-standard indemnity [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: _____ Date: 5/12/11 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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