

CONTRACT ROUTING SHEET

Date Prepared: 11-13-08

Need Date: 12-9-08

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: *Janet Meeker-Conroy*
Janet Meeker-Conroy

CONTRACTOR:

Name: Gibault, Inc., dba Gibault Children's Services

Address: 6301 S. U.S. Highway 41 (Mail: P.O. Box 2316)

Terre Haute, IN 47802-0316

Phone: 812 299 1156

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Continues until terminated Contract Value: \$250,000 ea fiscal yr

Compliance with Human Resources requirements? Yes: 10-23-08 No: _____

Compliance verified by: Patti Barton at HR

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

Approved: ✓ Disapproved: _____ Date: 11-18-08 By: *W. Henry*

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 11/20/08 By: *Costello*

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

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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