

# CONTRACT ROUTING SHEET

Date Prepared: 1-29-09

Need Date: 2-19-09

**PROCESSING DEPARTMENT:**

Department: Human Services

**CONTRACTOR:**

Name: Casa Pacifica Centers for Children and Families dba Casa Pacifica

Dept. Contact: Shirley I. C. Hodgson

Address: 1722 S. Lewis Road,

Phone #: X7268

Camarillo, CA 93012

Department: \_\_\_\_\_

Phone: (805) 445-7800

Head Signature: *Shirley I. C. Hodgson*

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster Care/Group Home services on an "as requested" basis.

Contract Term: Continues until terminated Contract Value: \$250,000.00 100,000

Compliance with Human Resources requirements? Yes: 1-14-09 No: \_\_\_\_\_

Compliance verified by: Patti Barton

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1-30-09 By: *GL/ma*

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

RECEIVED  
HUMAN RESOURCES DEPT  
09 JAN 30 PM 2: 17

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/2/09 By: *Costello*

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

Please call Shirley 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: \_\_\_\_\_