

CONTRACT ROUTING SHEET

Date Prepared: 3/15/10

Need Date: ASAP Please (new revenue)

PROCESSING DEPARTMENT:

Department: Probation Department

Dept. Contact: Diane Hofsommer, ASO

Phone #: x5957

Department: _____

Head Signature: *Gary Hofsommer*

CONTRACTOR:

Name: County of Calaveras

Address: Gov't Ctr, Probation Dept.

891 Mountain Ranch Road,

San Andreas, CA 95249

Phone: 209-754-6470

TERI HALL, CHIEF PROBATION OFF.

CONTRACTING DEPARTMENT: Probation Department

Service Requested: EDC Juvenile Detention Facilities 4 contract beds per day

Contract Term: Perpetual Contract Value: \$146,000/yr Revenue

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

Compliance verified by: _____

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

Approved: *[initials]* Disapproved: _____ Date: 3/31/10 By: *[Signature]*

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

See Memo (attached)

NOTE: INDEMNITY
ARTICLE REVISED AND
REVIEWED BY CO CALAVERAS
4/1/10

COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: *[initials]* Disapproved: _____ Date: 4/1/10 By: *[Signature]*

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

RISK MANAGEMENT

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

Departments: _____

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

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