

# CONTRACT ROUTING SHEET

Date Prepared: 11-18-09

Need Date: 12-15-09

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: X7268  
Department Head Signature: *Shirley Hodgson*

**CONTRACTOR:**

Name: CASA El Dorado  
Address: 347 Main Street  
Placerville, CA 95667  
Phone: 530 622-9882

EL DORADO COUNTY COUNSEL  
2009 NOV 21 AM 11:15  
EL DORADO COUNTY COUNSEL  
2009 NOV 19 PM 10:15  
COUNSEL

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Locate CASA employee at DHS to coordinate services provided to children removed from their family homes

Contract Term: 3 years from date of execution Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: n/a No:

Compliance verified by:

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

Approved:  Disapproved:  Date: 11-15-05 By: *Shirley Hodgson*

Approved:  Disapproved:  Date: 11-24-05 By: *Shirley Hodgson*

*\* Please delete PH #111 DONE 11-23-09*

*1-12-10 approved addition of PH pg 2*

EL DORADO COUNTY COUNSEL  
2009 NOV 20 PM 1:43

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved:  Date: 11/20/09 By: *MSB*

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:

EL DORADO COUNTY COUNSEL  
2009 NOV 21 PM 5:10