

CONTRACT ROUTING SHEET

Date Prepared: 3-19-10

Need Date: 4-16-10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department Head Signature: *Shirley I. C. Hodgson*

CONTRACTOR:

Name: National Council on Crime and Delinquency aka Safemeasures

Address: 426 South Yellowstone Dr. #250
Madison, WI 53719

Phone: 608 831 8882

CONTRACTING DEPARTMENT: Human Services

Service Requested: Web-based management reports for child welfare services

Contract Term: 7-1-10 to 6-30-12 Contract Value: \$21,000.00

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

Compliance verified by:

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

Approved: Disapproved: Date: 4-5-10 By: *[Signature]*

Approved: Disapproved: Date: By:

COUNTY COUNSEL
APPROVED
MAY 11 11:11 AM
MAR 23 3:14 PM

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 4/6/10 By: *[Signature]*

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: IT

Approved: *[Signature]* Disapproved: Date: 3/23/10 By: Scott Cambridge

Approved: Disapproved: Date: By:

Upon approval, please submit to County Counsel for review or call Shirley Hodgson at x7268 to pick up. Thanks.