

CONTRACT ROUTING SHEET

Date Prepared: 04/22/2010

Need Date: May 7, 2010

PROCESSING DEPARTMENT:

Department: Probation Department

Dept. Contact: Diane Hofsommer

Phone #: 621-5957

Department: _____

Head Signature: *Erny Hofsommer*

CONTRACTOR:

Name: County of Solano, Fouts Springs Youth Facility

Address: (1333 Fouts Springs Road)
PO Box 189
Stonyford, CA 95979

Phone: 530-963-3101

CONTRACTING DEPARTMENT: Probation Department

Service Requested: Court ordered confinement & treatment of EDC wards @ \$4,200/mo/ward.
No change in rates from 2009-10 agreement #781-S0911.

Contract Term: 07/01/10 - 06/30/11 Contract Value: _____ No NTE total on AGMT, Court ordered services as needed.

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: N/A

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

Approved: ✓ Disapproved: _____ Date: 4/24/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. Thank you.

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

Approved: ✓ Disapproved: _____ Date: 4/27/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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