

# CONTRACT ROUTING SHEET

Contract #:  
150-50911

Date Prepared: 11-18-08

Need Date: 12-11-08

## PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department Head Signature: [Signature]

## CONTRACTOR:

Name: Phoenix House of Los Angeles, Inc.

Address: 11600 Eldridge Avenue  
Lake View Terrace, CA 91342

Phone: 818 686 3000

EDDORAL COUNTY COUNSEL  
NOV 20 PM 3:00  
# 2nd Floor level

## CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis

Contract Term: No stated term Contract Value: \$250,000.00

Compliance with Human Resources requirements? Yes: 10-23-08 No: \_\_\_\_\_

Compliance verified by: Patti Barton, Human Resources

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

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 11-21-08 By: [Signature]

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 11/21/08 By: [Signature]

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

RECEIVED  
HUMAN RESOURCES DEPT  
NOV 21 PM 3:54

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

Departments: \_\_\_\_\_

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

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