

Assigned To: Ed Knapp


Contract #: 407-S0911

CONTRACT ROUTING SHEET

Date Prepared: 10-22-08

Need Date: 11-13-08

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: 7268
Department
Head Signature: 


CONTRACTOR:

Name: Chileda Institute, Inc.
Address: 1825 Victory Street
La Crosse, WI 54601
Phone: 608 782 6480

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group homes services on an "as requested" basis.
Contract Term: No stated term Contract Value: \$250,000.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____


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

Approved: Disapproved: _____ Date: 10-31-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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OCT 23 10:51
JEFFREY M. COSTELLO
COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 11/3/08 By: 
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: _____

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