

# CONTRACT ROUTING SHEET

Date Prepared: 1-27-11

Need Date: 2-18-11

**PROCESSING DEPARTMENT:**

Department: Human Services

**CONTRACTOR:**

Name: Seneca Residential and Day Treatment Ctr for Children dba Seneca Center

Dept. Contact: Shirley I. C. Hodgson

Address: 2275 Arlington Drive

Phone #: X7268

San Leandro, CA 94578

Department

Phone: 510 654 4004

Head Signature: 

ALL DOCUMENTS MUST BE FILED IN THE COUNTY CONTRACTS FILE  
2011 JAN 27 10:09 AM  
11 FILE 1 AM 8:30

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Group home/foster care services on an "as requested" basis.

Contract Term: Dt of execution until terminated Contract Value: \$100,000.00

Compliance with Human Resources requirements? Yes: 1-4-11 No:

Compliance verified by: Mike Strella

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

Approved:  Disapproved:  Date: 1-28-11 By: 

Approved:  Disapproved:  Date:  By:

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved:  Date: 2/1/11 By: 

Approved:  Disapproved:  Date:  By:

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Please call Shirley Hodgson 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: \_\_\_\_\_

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