

CONTRACT ROUTING SHEET

Date Prepared: 8-10-10

Need Date: 8-31-10

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: KYJO Enterprises, Inc.
Address: 4545 N. west Avenue, Suite 110
Fresno, CA 93705
Phone: 559 243 7002

CONTRACTING DEPARTMENT: Human Services

Service Requested: Group home/foster care services for clients on an "as requested" basis
Contract Term: Perpetual Contract Value: \$100,000.00
Compliance with Human Resources requirements? Yes: 8-10-10 No: _____
Compliance verified by: Mike Strella, H.R.

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

Approved: Disapproved: _____ Date: 8-11-10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
10 AUG 12 PM 3:58
EL DORADO COUNTY COUNSEL
2010 AUG 12 AM 6:58

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8/12/10 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: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____