

Assigned to: ED KNAPP

Contract #: 158-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: Telos Youth Outposts, Inc

Address: 6741 So. Highway 49, (Mail: P.O. Box 958)

El Dorado, CA 95623

Phone: 530 626 0345

EL DORADO COUNTY COUNSEL  
2008 OCT 23 AM 1:51  


### 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: 10-24-08 By: 

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

*Department should seek Board delegation of signature authority to Purchasing Agent [initials]*

RECEIVED  
HUMAN RESOURCES DEPT  
08 OCT 28 AM 8:51

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved:  Date: 10/28/08 By: 

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

Please call Shirley Hodgson at 7268 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: \_\_\_\_\_