

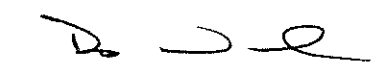
# CONTRACT ROUTING SHEET

Date Prepared: 4-2-09

Need Date: 4-23-09

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**


Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: X7268  
Department  
Head Signature: 

Name: Provo Canyon School, Inc.  
Address: 1350 East 750 North  
Orem, UT 84097  
Phone: 801 227 2100

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home services on an "as requested" basis  
Contract Term: Continues until terminated Contract Value: \$100,000.00  
Compliance with Human Resources requirements? Yes: 4-2-09 No: \_\_\_\_\_  
Compliance verified by: Cheryl Dorosh at Human Resources

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4-6-09 By: \*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*\* have contractor provide a corporate authorization for signature by CFO ✓  
Loree 4-14-09*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4/15/09 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

APR 9 9:19 AM '09  
HUMAN SERVICES DEPT

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: \_\_\_\_\_