

CONTRACT ROUTING SHEET

Date Prepared: 6-25-09

Need Date: 7-24-09

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Youth Recovery Unlimited, Inc.
Address: 4114 W. Country Avenue
(Mail: P.O. Box 4139), Visalia
CA 93292
Phone: 559 625 3146

Department
Head Signature: *Janet Walker Conway*

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group homes services on an "as requested" basis.

Contract Term: No stated term Contract Value: \$100,000.00

Compliance with Human Resources requirements? Yes: 10-23-08 No: _____

Compliance verified by: Patti Barton

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

Approved: ✓ Disapproved: _____ Date: 7-2-09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 7/7/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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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: _____