

CONTRACT ROUTING SHEET

Date Prepared: 5-16-12

Need Date: 6-6-12

PROCESSING DEPARTMENT:

Department: Health & Human Services, SSD

Dept. Contact: Shirley I. C. Hodgson

Phone #: X6262

Department Head Signature: *Shirley Hodgson*

CONTRACTOR:

Name: Alternative Family Services, Inc.

Address: 1421 Guernville Road, Suite 218
Santa Rosa, CA 95403

Phone: 707 576 7700

CONTRACTING DEPARTMENT: Health and Human Services Agency , Social Services

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

Contract Term: Perpetual Contract Value: \$100,000.00

Compliance with Human Resources requirements? Yes: 4-19-12 No: _____

Compliance verified by: Mike Strella of H.R.

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

Approved: Disapproved: _____ Date: 5-23-12 By: *Shirley Hodgson*

Approved: _____ Disapproved: _____ Date: _____ By: _____

Please obtain authorization for Executive Director to sign for corporation. - DONE 5-24-12

EL DORADO COUNTY COUNSEL
MAY 22 4:11:38

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 5-24-12 By: *Shirley Hodgson*

Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGER
EL DORADO COUNTY

RECEIVED
HUMAN RESOURCES DEPT.
MAY 24 AM 8:51

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: _____