

## CONTRACT ROUTING SHEET

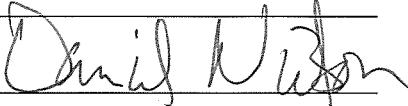
Date Prepared: 6-9-11

Need Date: 6-30-11

## PROCESSING DEPARTMENT:

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: x7268

## CONTRACTOR:

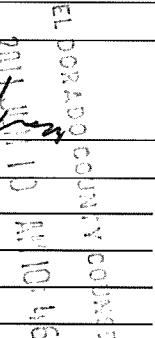
Name: Mingus Mountain  
Address: 10576 E. U.S. Highway 89A  
Prescott Valley, AZ 86315 (Mail:  
P.O. Box 26485, Prescott  
Valley, AZ 86312Department Head Signature: 

Phone: 602 335 2000

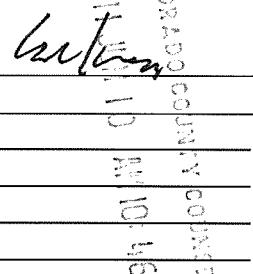
## CONTRACTING DEPARTMENT: Human Services

Service Requested: Group home/foster care services on an "as requested" basis for DHS clients.

Contract Term: No stated term Contract Value: \$250,000.00 per fiscal year

Compliance with Human Resources requirements? Yes: 6-6-11 No: 

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6-13-11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

## PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/14/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_*Need my tent of the Poly Tax. ps Rec'd. 8/4*

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: \_\_\_\_\_