

CONTRACT ROUTING SHEET

Date Prepared: 12-2-08

Need Date: 12-23-08

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: Woodward Youth Corporation
dba Woodward Academy

Dept. Contact: Shirley I. C. Hodgson

Address: 1251 334th Street

Phone #: X7268

Woodward, IA 50276

Department

Phone: 515 438 3481

Head Signature: *[Handwritten Signature]*

CONTRACTING DEPARTMENT: Human Services

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

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

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: 12-09-08 By: *[Handwritten Signature]*

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: 12/11/08 By: *[Handwritten Signature]*

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

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: _____

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HUMAN RESOURCES DEPT

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