

CONTRACT ROUTING SHEET

Date Prepared: 12-15-10

Need Date: 1-7-11

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Helps Agency, Inc.
Address: 7650 Amherst Street
Sacramento, CA 95832
Phone: 916 665 1144

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis for DHS clients
Contract Term: Date of execution to perpetual Contract Value: \$100,000
Compliance with Human Resources requirements? Yes: 12-9-10 No: _____
Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: _____ Date: 12-22-10 By: *GLH*
Approved: _____ Disapproved: _____ Date: _____ By: _____

COUNTY COUNSEL
21 DEC 16 11 AM '10

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 12/30/10 By: *JAR*
Approved: _____ Disapproved: _____ Date: _____ By: _____

COUNTY COUNSEL
10 DEC 27 PM '10

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

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