

# CONTRACT ROUTING SHEET

Date Prepared: 2-1-11

Need Date: 2-16-11

**PROCESSING DEPARTMENT:**

Department: Human Services

**CONTRACTOR:**

Name: Northern California Youth & Family Program

Dept. Contact: Shirley I. C. Hodgson

Address: 2577 California Park Drive

Phone #: X7268

Chico, CA 95928

Department

Phone: 530 893 1614

Head Signature: *Shirley Hodgson*

**CONTRACTING DEPARTMENT:** Human Services

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

Contract Term: Dt of execution until terminated Contract Value: \$100,000.00

Compliance with Human Resources requirements? Yes: 1-21-11 No: \_\_\_\_\_

Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2-3-11 By: *W. J. ...*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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COUNTY COUNSEL  
2011 FEB -2 11:11:35  
SHERI ...

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/4/11 By: *W. J. ...*

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: \_\_\_\_\_

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