

PE

Contract #: 099-S1210, A3
Index Code: 418720

CONTRACT ROUTING SHEET

Date Prepared: 4/24/13

Need Date: 5/21/13

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Kathy Lang
Phone #: X7147
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Charis Youth Center, Inc.
Address: 714 West Main Street
Grass Valley, CA 95945
Phone: _____

Janet Walker-Conroy, Interim Director

CONTRACTING DEPARTMENT: Health & Human Services Agency - MHD

Service Requested: Residential treatment services for minors in a group home - Amendment III
Contract Term: 7/1/11 - 6/30/14 Contract/Grant Value: \$285,000
Compliance with Human Resources requirements? N/A _____ Yes x No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 5/7/13 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

FOR ADD COUNTY COUNSEL
2013 MAY - 7 AM 10:33

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: X Disapproved: _____ Date: 5/8/13 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

FOR RISK MGMT
2013 MAY - 8 AM

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

NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT first. Any contract that requires approval from another department must also be first approved by the other department.

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

[Signature] 4/24/13 *[Signature]* 5/5/13 *[Signature]* 4/24/13 _____
PM Review/Date CFO Review/Date Contracts Supe Review/Date Contracts Mgr. Review/Date