

Assigned to: ED Knapp  
Contract #: 288-S0911

# CONTRACT ROUTING SHEET

Date Prepared: 8-14-08

Need Date: 9-1-08

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: 7268

**CONTRACTOR:**

Name: Families United, Inc.  
Address: 3111 Fite Circle, Suite 102  
Sacramento, CA 95827 (Mail:  
P.O. Box 865, Folsom, CA  
95763)  
Phone: 916 855-5441

Department: \_\_\_\_\_  
Head Signature: 

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home services on an "as requested" basis.  
Contract Term: Perpetual Contract Value: \$250,000.00  
Compliance with Human Resources requirements? Yes: 4-24-08 No: \_\_\_\_\_  
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8-20-08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
08 AUG 15 AM 11:11  
Hand Delivered

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/21/08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
08 AUG 21 PM 3:33

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: \_\_\_\_\_