

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: Aspiranet dba Aspira Foster & Family Services

Dept. Contact: Shirley I. C. Hodgson

Address: 400 Oyster Point Blvd., #501

Phone #: X7268

South San Francisco, CA 94080

Department

Phone: (650) 866-4080

Head Signature: [Signature]

RECEIVED
HUMAN RESOURCES DEPT
JUN 12 11:53 AM '08
[Signature]

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

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: 6-18-08 By: [Signature]

Approved: Disapproved: Date: By:

*Note - perpetual agreement NTE 20K per year
- has been delegated signature authority*

DATE: 6/17/2008
BY: ED
DEPT. INDEX NO. 230500
BY: ALO

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 6/19/08 By: [Signature]

Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
JUN 19 PM 2:01

Please call Shirley Hodgson at 7268 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:

Contract #: CalHFA Subordinate Financing & Resale Agreement for first-time homebuyer Program

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:
 Department: Human Services
 Dept. Contact: Sharon Guth
 Phone #: 642-4339
 Department Head
 Signature: [Signature]

CONTRACTOR:
 Name: California Housing Finance Agency
 Address: 1121 L Street, 7th Floor
Sacramento, CA 95814
 Phone: (916) 322-1349

CONTRACTING DEPARTMENT: Human Services - Community Services Division
 Compliance with Human Resources requirements? Yes: No:
 Compliance verified by: N/A

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: X Disapproved: Date: 4/19/06 By: [Signature]
 Approved: Disapproved: Date: By:

| | | | | |
|------------|------|-----------|--------|--|
| ASSIGNMENT | DATE | INDEX NO. | 537010 | Approved as to form - same issue exists as ID'd by Crsty - OK or NI or risk city wants to assume these subord to CalHFA - this is not legal case but policy issue for dept/ROS to analyze. |
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RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: ✓ Disapproved: Date: 4/21/06 By: [Signature]
 Approved: Disapproved: Date: By:

APR 0 0 2006

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


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

CONTRACT ROUTING SHEET

Date Prepared: 3-11-08

Need Date: 4-1-08

PROCESSING DEPARTMENT:

Department: Human Services
 Dept. Contact: Shirley I. C. Hodgson
 Phone #: 642-7268
 Department: Human Services
 Head Signature: 
Doug Nowka, Director

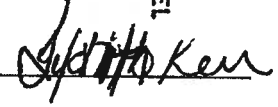
CONTRACTOR:

Name: Computrust Software Corp
 Address: 18525 Sutter Blvd., Suite 280
Morgan Hill, CA 95037
 Phone: (408) 782-7470

CONTRACTING DEPARTMENT: Human Services

Service Requested: Amend Agreement to add 4 additional users in the Public Guardian Office.
 Contract Term: Perpetual Contract Value: \$14,254.00
 Compliance with Human Resources requirements? Yes: N/A No: 12155
 Compliance verified by: _____

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


Approved: Disapproved: _____ Date: 4/17/08 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
 DATE: 4-17-08
 ATTORNEY: DMR
 DEPT. INDEX NO.: 53124
 BY: DMR

Liability limited to amount of annual license fees
(2) Fees may be adjusted 1x per yr w 60 days notice
(3) One year automatic renewal provisions

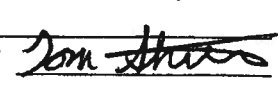
Please call Shirley Hodgson at X7268 to pickup. Thank you!

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: Disapproved: _____ Date: 5/15/08 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
 HUMAN RESOURCES DEPT
 05/15 PM 1:49

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

Departments: Information Technology
 Approved: Disapproved: _____ Date: 3/14/08 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Please call Shirley Hodgson at X7268 to pickup and hand-carry to County Counsel. Thanks.

Contract # 478-S0411

CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: ~~Please Review by~~
12/09/04

PROCESSING DEPARTMENT:
Department: CAO/Procurement & Contracts
Dept. Contact: Bonnie H. Rich
Phone #: 5940
Department Head Signature: Bonnie H. Rich

CONTRACTOR:
Name: Computrust Software Corp
Address: 18525 Sutter Boulevard Suite 280
Phone: 408-782-7470

CONTRACTING DEPARTMENT: Human Services/Public Guardian
Service Requested: Software, License, and Installation
Contract Term: One year, auto renewal Contract Value: \$31,091
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: on condition that terms & conditions below are followed Disapproved: _____ Date: 1/11/05 By: Justin Ken
Approved: _____ Disapproved: _____ Date: _____ By: _____
Comp Advance payment of usage fees (delete) travel
Per diem fees for on-site training etc. attach copy of Bd Policy 51
CTSC reserves the right to require prepayment or advance deposit for
services and/or expenses (delete)
Fees may be adjusted 1x per year w 60 days notice - notify Bd
Liability limited to amount of annual license fees - notify Bd

Exhibit 5
Please Forward to Risk Management Thank You!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: _____ Date: 1/12/05 By: D. Casey
Approved: _____ Disapproved: _____ Date: _____ By: _____

JAN 12 2005

Please Call for Pick-up. Thank you!

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

See attached previously submitted blue route with Information Technologies' approval.

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Creative Alternatives, Inc.
Address: 2855 Geer Road
Turlock, CA 95382
Phone: (209) 668-9361

RECEIVED
HUMAN RESOURCES DEPT
JUN 12 11:00 AM
[Signature]

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
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: 6-11-08 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

*Note - perpetual agreement for NTS \$250k per year
has been delegated signature authority*

ATTACHMENT C

DATE: 6/17/08
ATTORNEY: ED
DEPT. INDEX: 630000
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 6/19/08 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 19 PM 2:00

Please call Shirley Hodgson at 7268 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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: [Signature]

CONTRACTOR:

Name: Crossroads Treatment Center, Inc.

Address: 6060 Sunrise Vista Dr #110
Citrus Heights, CA 95610

Phone: (916) 729-2721

EL PASO COUNTY COUNSEL
JUN 12 PM 3:49
[Signature]

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

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: 6-18-08 By: [Signature]

Approved: Disapproved: Date: By:

*Note - perpetual agreement NTE \$ 250k/yr.
As has delegated signature authority*

ASSIGNMENT
DATE 6/17/2008
ATTORNEY [Signature]
DEPT. INDEX NO. 5304010
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 6/19/08 By: [Signature]

Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
JUN 19 PM 2:01

Please call Shirley Hodgson at 7268 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:

Contract #: 267-S1111

CONTRACT ROUTING SHEET

Date Prepared: 10-21-10

Need Date: 11-10-10

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Devereux Cleo Wallace
Address: 8405 Church Ranch Blvd.
Westminster, CO 80021
Phone: 303 639 1716

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis
Contract Term: 8-1-10 - Perpetual Contract Value: \$125,000.00
Compliance with Human Resources requirements? Yes: 10-15-10 No: _____
Compliance verified by: Mike Strella of H.R.

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

Approved: Disapproved: _____ Date: 10-26-10 By: *W. Jones*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please obtain corporate authorization for execution Director to sign contracts - Done 10-29-10 SH.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 10/27/10 By: *[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: _____

CONTRACT ROUTING SHEET

Date Prepared: 9-3-08

Need Date: 9-19-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Excelsior Youth Centers, Inc
 Address: 15001 E. Oxford Avenue
Aurora, CO 80014
 Phone: (303) 693-1550

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
 Contract Term: Perpetual Contract Value: \$250,000 (Annual)
 Compliance with Human Resources requirements? Yes: 4/24/08 No: [initials]
 Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: [check] Disapproved: [initials] Date: 10/24 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

*contains 7-day termination w/o cause by county
 & if that agreement require BOS approval and
 also the contract exceeds purchasing
 authority for signature by Bernice Rich alone
 without BOS delegation of authority
 * see also handwritten comments on attached
 copy of agreement unique to out of state
 agreements*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [check] Disapproved: _____ Date: 10/28/08 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Please call Shirley Hodgson at 7268 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: _____

RECEIVED
 HUMAN RESOURCES DEPT
 OCT 28 AM 8:51 '08

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: Families for Children Treatment
Respite Care, Foster Care dba
Families for Children

Dept. Contact: Shirley I. C. Hodgson

Address: 2990 Lava Ridge Ct., #170

Phone #: X7268

Roseville, CA 95661

Department

Phone: (916) 789-8688

Head Signature: 

Vertical stamp: RECEIVED HUMAN SERVICES DEPT JUN 17 2008

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

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: 6-17-08 By: Cal/Sm

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

| | | | |
|------------|----------------|-------------------|-----------------|
| ASSIGNMENT | DATE | ATTORNEY | DEPT. INDEX NO. |
| | <u>6/16/08</u> | <u>ED KENNEDY</u> | <u>5300500</u> |

*Note - perpetual contract for 250k per year
- Signature by P.A. delegated by D.S.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: Costello

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

Vertical stamp: RECEIVED HUMAN SERVICES DEPT JUN 17 2008 1:34 PM

Please call Shirley Hodgson at 7268 to pick up. Thanks.

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

Departments: _____

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

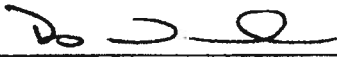
Approved: _____ Disapproved: _____ Date: _____ By: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:


Name: Family Connections Christian Adoptions
Address: 1120 Tully Road
Modesto, CA 95350
Phone: (209) 524-8844

Vertical stamp: RECEIVED HUMAN SERVICES DEPT JUN 19 2008


CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
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: 6-18-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Note - perpetual agreement NTB \$250K/yr

ASSIGNMENT
DATE: 6/17/2008
ATTORNEY: ED KURTAP
DEPT./INDEX NO.: 2205000
BY: 

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/19/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED HUMAN SERVICES DEPT JUN 19 2008 2:01 PM

Please call Shirley Hodgson at 7268 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: _____

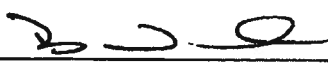
Contract #: 167-S0911

CONTRACT ROUTING SHEET

Date Prepared: 6-11-08

Need Date: 7-2-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:


Name: Family Life Center
Address: 365 Kuck Lane
Petaluma, CA 94952
Phone: (707) 795-6954

County mail

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
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: 6-16-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____


** Note: perpetual agreement NTS 250k per year*

ASSIGNMENT

*6/11/08
COUNTY CLERK
T. INDEX NO. 30070*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 16 PM 4:26

Please call Shirley Hodgson at 7268 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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Gateway Residential Programs
Address: 1780 Vernon Street, Suite 1
Roseville, CA 95678 (Mailing:
P.O. Box 2258, Fair Oaks, CA
95628)
Phone: (916) 782-1111

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
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: 6-17-08 By: 
Approved: Disapproved: Date: By:

*Notes:- perpetual agreement for 250k per year;
- signature authority delegated by BOS*

ASSIGNMENT
DATE: 6/12/08
ATTORNEY: ED KURAJ
DEPT./INDEX NO.: 330500
AKO

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 6/17/08 By: 
Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
ON JUN 17 PM 4:20

Please call Shirley Hodgson at 7268 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:

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: Hillcrest Community Services, Inc. dba Wilderness Recovery Center

Dept. Contact: Shirley I. C. Hodgson

Address: 19650 Cove Road

Phone #: X7268

Redding, CA 96099 (Mailing

P.O. Box 993125)

Department _____

Phone: (530) 244-3806

Head Signature: *[Signature]*

Shirley C. Hodgson
HUMAN SERVICES DEPARTMENT

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

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: 6-17-08 By: *[Signature]*

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

ASSIGNMENT
DATE: 6/14/08
ATTORNEY: DR. M. R. ...
DEPT. / INDEX NO.: 52052
BY: *[Signature]*

*Notes - perpetual contract at 250k per year
- delegated signature authority*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6/17/08 By: *[Signature]*

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

RECEIVED
HUMAN SERVICES DEPARTMENT
JUN 17 PM 4:20

Please call Shirley Hodgson at 7268 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: _____

Assigned to, Ed Knapp
Contract #: 425-S0911

CONTRACT ROUTING SHEET

Date Prepared: 10-22-08

Need Date: 11-13-08

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: 7268
Department Head Signature: [Signature]

CONTRACTOR:

Name: Lincoln Child Center
Address: 4368 Lincoln Avenue
Oakland, CA 94602
Phone: 510 531 3111

ELDON G. GIBSON
COUNTY COUNSEL
10/28/08 10:51 AM
[Signature]

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group homes services on an "as requested" basis.
Contract Term: No stated term Contract Value: \$250,000.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by:

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

Approved: ✓ Disapproved: Date: 10-28-08 By: [Signature]
Approved: Disapproved: Date: By:

Department should seek Board authorization for purchasing right to sign contract

RECEIVED
HUMAN RESOURCES DEPT
08 OCT 28 AM 8:51

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 10/28/08 By: [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:

Contract #: 145-S0911

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Martin's Achievement Place
Address: 5240 Jackson Street
North Highlands, CA 95660
Phone: (916) 338-1001

Quality Control

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis
Contract Term: Perpetual Contract Value: \$250,000
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: [Signature] Disapproved: Date: 6-17-08 By: [Signature]
Approved: Disapproved: Date: By:

*Note - perpetual approx NTE @ 2.50k / year
- Signature Authority delegated to Pats*

| | |
|----------------|----------------|
| DATE | 6/13/08 |
| ASSIGNMENT | 6/13/08 |
| ATTORNEY | FO [Signature] |
| DEPT/INDEX NO. | 52050 |
| BY | [Signature] |

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: Date: 6/17/08 By: [Signature]
Approved: Disapproved: Date: By:

RECEIVED
09 JUN 17 PM 4:20
HUMAN RESOURCES DEPT

Please call Shirley Hodgson at 7268 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:


Contract #: 166-S0911

CONTRACT ROUTING SHEET

Date Prepared: 6-11-08

Need Date: 7-2-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Milhaus Children's Services, Inc.
Address: 24077 Highway 49
Nevada City, CA 95959
Phone: (530) 265-9057

County mail

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
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: 6-16-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

** note - perpetual agreement NTV 250K/yr.*

ASSIGNMENT
6/11/08
ELK
NOV 10 5 30 AM '08
JR

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 16 PM 4:26

Please call Shirley Hodgson at 7268 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: _____

Contract #: 578-S0911

CONTRACT ROUTING SHEET

Date Prepared: 1-06-09

Need Date: 1-23-09

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: New Millennium Contemporary Management dba New Millennium Foster Family Agency

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Address: 606 "D" Street

Department: _____

City: Marysville, CA 95901

Head Signature: *Shirley I. C. Hodgson*

Phone: 530 743 7106

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Continuing until terminated Contract Value: NTE \$250,000 per fiscal year \$100,000

Compliance with Human Resources requirements? Yes: 12-31-08 No: _____

Compliance verified by: Patti Barton of H.R.

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

Approved: Disapproved: _____ Date: 1-8-09 By: *[Signature]*

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

2-19-09 Per County Counsel no need to review change to amount of Agreement from \$250,000 to \$100,000

RECEIVED
HUMAN RESOURCES DEPT
09 JUN 19 PM 2:05

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/20/09 By: *[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: _____

Contract #: 165-S0911

CONTRACT ROUTING SHEET

Date Prepared: 6-11-08

Need Date: 7-2-08


PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson

CONTRACTOR:

Name: Oakendell
Address: 3585 Hawver Road, (Mailing: P.O. Box 1144)
San Andreas, CA 95249
Phone: (209) 754-1249


County Mail

Phone #: X7268
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
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)

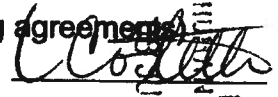
Approved: Disapproved: _____ Date: 6-16-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

** Note - Perpetual Agreement, NTE: 250K per year*

APPROVAL
6/11/08
ELK
INDEX NO. 53052
JH

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 18 PM 4:26

Please call Shirley Hodgson at 7268 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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Obid Foundation
Address: 8382 Sierra Sunset Drive
Sacramento, CA 95828
Phone: (916) 217-0197

Country Spiced

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
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: 6-17-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
6/13/08
ATTORNEY ERIC W. HARRIS
DEPT/INDEX NO 520500
BY: AHC

*Notes - perpetuated agency NTE \$250K per year;
- legislation authority, delegated by CBS*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
09 JUN 7 PM 4:20

Please call Shirley Hodgson at 7268 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: _____

Assigned to: E' Krupp

Contract #: 149-S0911

CONTRACT ROUTING SHEET

Date Prepared: 10-22-08

Need Date: 11-13-08

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: One Day, Inc. dba Southpoint Homes

Dept. Contact: Shirley I. C. Hodgson

Address: 9149 Gerber Road (Mail: P.O. Box 293809) Sacramento, CA 95829

Phone #: 7268

Phone: 916 601 3561

Department

Head Signature: [Signature]

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: No stated term

Contract Value: \$250,000.00

Compliance with Human Resources requirements? Yes

No:

Compliance verified by:

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

Approved: ✓ Disapproved: Date: 10-24-08 By: [Signature]

Approved: Disapproved: Date: By:

Department should seek Board delegation of budget authority 10/24/08

RECEIVED
HUMAN RESOURCES DEPT
08 OCT 28 AM 8:51

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 10/28/08 By: [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:

Assigned to (P) Rick P.

Contract #: 1062-00811

CONTRACT ROUTING SHEET

Date Prepared: 8-8-08

Need Date: 8-22-08

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson

CONTRACTOR:

Name: Open Lines Group Homes, Inc.
Address: 4625 Mountain Lakes Blvd.
(Mail: P.O. Box 992197,
Redding, CA 96099)
Redding, CA 96003
Phone: 530 241-5178

Phone #: 7268

Department: _____

Head Signature: [Signature]

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$500,000.00

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: 8-12-08 By: [Signature]

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

** Signature stands by by DAS instead of P.A.
* Signature Authority delegated to P.A. by DAS.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: / Disapproved: _____ Date: 8/14/08 By: [Signature]

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

Please call Shirley Hodgson at 7268 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: _____

Contract #: 754-S0911

CONTRACT ROUTING SHEET

Date Prepared: 4-2-09

Need Date: 4-23-09

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: *[Signature]*

CONTRACTOR:

Name: Provo Canyon School, Inc.

Address: 1350 East 750 North

Orem, UT 84097

Phone: 801 227 2100

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis \$57,470

Contract Term: Continues until terminated 3-1-10 Contract Value: \$100,000.00 \$100,000

Compliance with Human Resources requirements? Yes 4-2-09 No: _____

Compliance verified by: Cheryl Dorosh at Human Resources

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

Approved: ✓ Disapproved: _____ Date: 4-6-09 By: *[Signature]**

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

** have contractor provide - copy note authorization for signature by CEO ✓
2-10-09*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 4/15/09 By: *[Signature]*

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

CONTRACTS DEPT
APR 9 19

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson

CONTRACTOR:

Name: R House, Inc.
Address: 429 Speers Road (Mailing: P.O. Box 2587 Santa Rosa, CA 95405)
Santa Rosa, CA 95409
Phone: (707) 571-2215

Phone #: X7268
Department: _____
Head Signature: [Signature]

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
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: 6-17-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

6/13/08
KEY: ED
INDEX NO. 57050

*Notes - perpetual agreement for NTD 250k/yr.
- signature unapproved, delayed by bus*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 17 PM 4:20

Please call Shirley Hodgson at 7268 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: _____

Contract #173-M1111

CONTRACT ROUTING SHEET

Date Prepared: November 1, 2010

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: DeAnn Osborn

Phone #: X7338

Department: Human Services

Head Signature: *Daniel Nielson*
Daniel Nielson, Director

CONTRACTOR:

Name: Sacramento Area Council of Governments

Address: 1415 L Street, Suite 300
Sacramento, CA 95814

Phone: 916/340-6226

CONTRACTING DEPARTMENT: Human Services

Service Requested: Lifeline Transportation Study

Contract Term: Upon execution-No end term Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOUs)

Approved: ✓ Disapproved: _____ Date: 11-4-10 By: *[Signature]*
Approved: ✓ Disapproved: _____ Date: 11-6-10 By: *[Signature]*

with modifications suggested by SACOG.

2010 NOV -3 AM 10:20
 COUNTY COUNSEL

Please forward to Risk Management. Thank!

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 11/5/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

2010 DEC -3 AM 11:28
 COUNTY COUNSEL

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

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

Please contact DeAnn Osborn (X7338) to arrange for pickup. Thank you!

ASSIGNMENT
DATE: 3/9/98

CONTRACT NUMBER STPUD MOU
Outreach Program

ATTORNEY JMP

DEPT./INDEX NO. 523000

CONTRACT ROUTING SHEET

BY: _____

SUBMITTED BY:

CONTRACTOR:

DEPARTMENT Community Services

NAME South Tahoe Public Utility District

CONTACT PERSON John Litwinovich

1275 Meadow Crest Drive

ADDRESS South Lake Tahoe, CA 96150

CONTACT PHONE # 6163

PHONE # 530-544-6474

| | |
|--|---|
| <p>1. ORIGINATING DEPT</p> <p><input type="checkbox"/> HAZARDOUS-ROUTE TO RISK MGT.</p> <p><input checked="" type="checkbox"/> NON-HAZARDOUS-ROUTE TO COUNTY COUNSEL</p> <p>BY: <u>Jasara</u></p> <p>DATE: <u>3/9/98</u></p> | <p>2. COUNTY COUNSEL REVIEW</p> <p><input checked="" type="checkbox"/> DISAPPROVED</p> <p>BY: <u>Thomas P. Parker</u></p> <p>DATE: <u>3/10/98</u></p> <p>COMMENTS: <u>See attached memorandum. JRP</u></p> <p><input type="checkbox"/> APPROVED</p> <p>BY: _____</p> <p>DATE: _____</p> <p>COMMENTS: _____</p> |
| <p>1a. RISK MANAGEMENT REVIEW OF HAZARDOUS CONTRACTS</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY: _____</p> <p>DATE: _____</p> <p>COMMENTS: _____</p> <p>RECEIVED MAR 9 2 03 PM '98 COUNTY OF EL DORADO CALIFORNIA</p> | <p>3. COUNTY APPROVAL</p> <p>BOARD OF SUPERVISORS</p> <p>SIGNED BY CHAIRMAN ON: _____</p> <p>MAILED BY BOARD OFFICE ON: _____</p> <p>BY: _____</p> <p>PURCHASING</p> <p>SIGNED BY PURCHASING AGENT ON: _____</p> |

RISK MANAGEMENT is exempt from review if the contract is non-hazardous. Following County Counsel review contract should be returned to submitting department.


COMMENTS: _____

ATTACHMENT C

INTEROFFICE MEMORANDUM

COUNTY COUNSEL

TO: John Litwinovich
Community Services Director

FROM: Thomas R. Parker 
Deputy County Counsel

DATE: March 10, 1998

RE: Review of Memorandum of Understanding ("MOU") with South
Tahoe Public Utility District ("STPUD") for Helping Hands
Outreach Program

I have reviewed the attached MOU with STPUD for the abovementioned program in the South Lake Tahoe region. I have the following comments:

1. What is the district criteria for the program and should it be attached to the MOU to insure that all parties know what kind of program recipients will be served?

2. Should there be a sum certain (if one exists) for the "available funds" to be used for the program per paragraph 2(c)? Or is the amount available always changing such that a sum certain cannot be identified?

3. Please note that the program symbol ("HO") is cited as "HO" in paragraph 2(a), a typographical error I suspect.

Please contact this office if you have any questions regarding this matter.

TRP
MemoForm.wpd


EL DORADO COUNTY

DEPARTMENT OF COMMUNITY SERVICES

John Litwinovich
Department Director

937 Spring Street
Placerville, CA 95667
(530) 621-6150
3368 Lake Tahoe Blvd. Suite 202
South Lake Tahoe, CA 96150
(530) 573-3490

MEMO

TO: El Dorado County Board of Supervisors
FROM: John Litwinovich, Community Services Director 
DATE: March 11, 1998
SUBJ: Response to County Counsel Comments on Agenda Item

Title: South Tahoe Public Utility District Helping Hands Outreach (H₂O) Program MOU

Comment #1:

MOU Section 1a. states that "District shall establish and provide to Department eligibility criteria for applicants to the Helping Hands Outreach (H₂O) Program at the Program inception and shall amend this criteria as necessary."

Comment #2:

The funding level is based on donations. MOU Section 1f. states that "District shall provide Department with a mutually agreeable notification of the amount of funds available within the Helping Hands Outreach (H₂O) Program."

Comment #3:

It has been confirmed that this is a typo.

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: IHSS /
 Department: HUMAN SERVICES
 Dept. Contact: JOAN LITWINOWICH
 Phone #: (530) 6163
 Department Head
 Signature: (Signature)

CONTRACTOR:
 Name: SYMETRA LIFE INS. COMPANY
 Address: NO ADDRESS LISTED
 Phone: _____

CONTRACTING DEPARTMENT: _____
 Compliance with Human Resources requirements? Yes: ___ No: ___
 Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: _____ Disapproved: _____ Date: 1/10/05 By: (Signature)
 Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
 0110/2005
 5/27/01
 ATTORNEY JUANITA KERK
 DEPT/INDEX NO. 531010
 BY: ALO

*Please forward to Dave Cheney for review
 Applies to employees only
 Contractor will provide evidence of compliance
 with Knox-Keene notification requirements
 appeal rights of participants
 Will attach copy of actual policy
 specifications*

2005 JAN 10 AM 10:00
 EL DORADO COUNTY COUNSEL
 HUMAN SERVICES

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: Disapproved: _____ Date: 1/10/05 By: D. Cheney
 Approved: _____ Disapproved: _____ Date: _____ By: _____

JAN 10 2005

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract). Department(s): _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Tahoe Turning Point
Address: P.O. Box 17509
South Lake Tahoe, CA 96151
Phone: (530) 541-4594

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
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: 6-16-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
DATE 6/13/08
ATTORNEY Ed Karp
DEPT INDEX NO. 53052es
#400

** Note that this is a perpetual contract for NTE \$250K per year. Has been delegated signature authority to Patti Barton, HR.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
8 JUN 16 PM 4:26

Please call Shirley Hodgson at 7268 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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Tribal Economic & Social Solutions Agency, Inc.
Address: 2641 Cottage Way, Suite 2 Sacramento, CA 95825
Phone: (916) 485-2600

Handwritten signature: Shirley M. [unclear]

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: [check] Disapproved: _____ Date: 6-16-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
6/13/2008
ATTORNEY FOR COUNTY
ATT. INDEX NO. 536500
APC

** Note: that this is a perpetual contract with an NTE amount of 250k per year. Patti has delegated signature authority to Purchasing Dept*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [check] Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
RESOURCES DEPT
JUN 16 PM 4:26

Please call Shirley Hodgson at 7268 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: _____

Contract #: Surplus Property Donation Agreement
w/ United Outreach of El Dorado County
CONTRACT ROUTING SHEET

Date Prepared: 12/02/03

Need Date: PLEASE RUSH

PROCESSING DEPARTMENT:

Department: General Services
Dept. Contact: Bonnie H. Rich

CONTRACTOR:

Name: _____
Address: Approve "Boiler-Plate" Agreement

Phone #: 5940

Department _____

Head Signature: *Bonnie H. Rich*

Phone: _____

for George W. Sanders

CONTRACTING DEPARTMENT:

General Services/Procurement and Contracts

Service Requested: Donation of Surplus Property Agreement

Contract Term: _____ Contract/Amendment Value: _____

Compliance with Human Resources requirements? Yes: X No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 12/15/03 By: *Justin*

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

2003 DEC 15 PM 3:59
EL DORADO COUNTY COUNCIL

Note: Revisions made at the request of Counsel per attached. Please Rush. Necessary surplus/donate several ambulances approved by the Board of Supervisors 12/02/03, #8.

Constitutional approval: per discussion of Bonnie, add opportunity self that in case EOP agi for products call of questions

ASSIGNMENT
DATE: 12/02/03
BY: _____
DEPT./INDEX NO: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS! 12/16/03 BHR

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

Approved: ✓ Disapproved: _____ Date: 1/12/07 By: *Justin*

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

please call when ready for pick-up. Thank you.

HUMAN RESOURCES
07 JAN 12 PM 3:14

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

Departments: _____

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

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

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Wide Horizons Ranch, Inc.
Address: 27442 Oak Run to Fern Road
Oak Run, CA 96069
Phone: (530) 472-3223

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
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: 6-16-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

** Note this is a perpetual contract, with a NTE amount of \$250k per year.
As has delegated signature authority to Purchasing Dept*

ASSIGNMENT

DATE: 6/13/08
ATTORNEY: AD KENT
DEPT/INDEX NO: 530500
BY: ADK

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
RESOURCES DEPT
JUN 18 PM 4:26

Please call Shirley Hodgson at 7268 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: _____