

CONTRACT ROUTING SHEET

Date Prepared: 5-25-11

Need Date: 6-15-11

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: x7268
Department
Head Signature: *Shirley Hodgson*

CONTRACTOR:

Name: Milestone House
Address: 1816 Portofino Drive
Oceanside, CA 92054
Phone: 760 433 6361

CONTRACTING DEPARTMENT: Human Services

Service Requested: Group Home/Foster Care services on an "as requested" basis
Contract Term: Dt of execution until terminated Contract Value: \$100,000.00
Compliance with Human Resources requirements? Yes: 5-10-11 No: _____
Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: _____ Date: 6-3-11 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL PASO COUNTY COUNSEL
MAY 25 AM 10:42

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6/7/11 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: _____