

# CONTRACT ROUTING SHEET

Date Prepared: 6-10-10

Need Date: 6-30-10

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: X72678  
Department  
Head Signature: *Shirley Hodgson*

**CONTRACTOR:**

Name: Success in Recovery  
Address: 2333 W. Whitendale Ave, #D  
Visalia, CA 93277  
Phone: (559) 635-4780

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home services on an "as requested" basis  
Contract Term: Perpetual Contract Value: \$100,000.00  
Compliance with Human Resources requirements? Yes: 6-9-10 No: \_\_\_\_\_  
Compliance verified by: Mike Strella

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

Approved: / Disapproved: \_\_\_\_\_ Date: 6-29-10 By: *Carl Johnson*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: / Disapproved: \_\_\_\_\_ Date: 6/28/10 By: *MSJ*  
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: \_\_\_\_\_

COUNTY COUNSEL

HUMAN SERVICES DEPT  
JUN 25 PM 4:10