

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: Aspiranet dba Aspira Foster & Family Services

Address: 400 Oyster Point Blvd., #501
South San Francisco, CA 94080

Phone: (650) 866-4080

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 2.5K per year
I has been delegated signature authority*

DATE: 6/17/08
BY: [Signature]
DEPT. INDEX NO. 570500
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
06 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 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: *[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: 12:55
 Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 4/17/08 By: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
 DATE: 4/17/08
 ATTORNEY: DMK
 DEPT. INDEX NO.: 53414
 BY: [Signature]

Liability limited to amount of annual license fees
① Fees may be adjusted 1x per yr w 60 days notice
② 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: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Departments: Information Technology
 Approved: Disapproved: _____ Date: 3/19/08 By: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

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

CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: ~~Please Rush need by~~
12/06/04

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 matters as outlined below are followed Disapproved: _____ Date: 1/11/05 By: Judith Kern

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

to mp Advance payment of usage fees (delete) travel
Per diem fees for on site training etc. attach copy of Bd Policy 51
To 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

Forwarded 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. [Signature]

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: _____

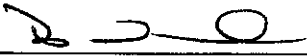
See attached previously submitted blue route with Information Technologies' approval.

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: 

CONTRACTOR:


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

RECEIVED
HUMAN SERVICES DEPT
JUN 12 11 13 AM
Shirley Hodgson

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: 
Approved: Disapproved: Date: By:

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

ATTORNEY GENERAL

DATE: 6/17/08
ATTORNEY: ED
DEPT./INDEX NO: 30670
BY: AKO

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 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 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 #1310
Citrus Heights, CA 95610

Phone: (916) 729-2721

JUN 12 PM 3:44
COUNTY COUNSEL
[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.
has been delegated signature authority*

ASSIGNMENT

DATE 6/17/08
ATTORNEY [Signature]
DEPT./INDEX NO. 3305012
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: _____

JUN 19 PM 2:01
RECEIVED
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 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 annually
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: Disapproved: Date: 10/24 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

*contains 7-day termination w/o cause by county
& perpetual agreements require BOS approval and
also b/c contract exceeds purchasing
authority for signature by Bonnie 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: 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
08 OCT 28 AM 8:51

*Approved
conditional
in copy for
delegation of authority to
department of
human resources
for approval*

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

Phone #: X7268

Department: _____

Head Signature: [Signature]

Address: 2990 Lava Ridge Ct., #170

Roseville, CA 95661

Phone: (916) 789-8688

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: _____

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

ASSIGNMENT
DATE 6/16/08
ATTORNEY Ed K...
DEPT./INDEX NO. 530500
BY: A...

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 1:34

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

ELI BOGARDUS JUN 12 12 PM '08
Shirley C. Hodgson


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: 1/9
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 NTE \$250,000/yr

ASSIGNMENT
DATE 6/17/08
ATTORNEY ED KAWANO
DEPT./INDEX NO. 726800
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 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 #: 167-S0911

CONTRACT ROUTING SHEET

2008 JUN 11 PM 5:52
EL DORADO COUNTY COUNSEL
County mail

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: *[Signature]*

CONTRACTOR:

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

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: perpetual agreement NTR 250k per year*

ASSIGNMENT
6/11/08
OPNEY ELK
IT INDEX NO. 32000
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: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
2008 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: [Signature]

2008 JUN 12 PM 4:11
EL DORADO COUNTY COURSE

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: 4/24/08
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: _____

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

ASSIGNMENT DATE: 6/16/08
ATTORNEY: ED KUPP
DEPT/INDEX NO.: 030500
[Signature]

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 DEPT
08 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
Phone #: X7268

Address: 19650 Cove Road
Redding, CA 96099 (Mailing
P.O. Box 993125)

Department: _____
Head Signature: [Signature]

Phone: (530) 244-3806

RECEIVED
HUMAN RESOURCES DEPT
JUN 12 PM 3:43
[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
DATE: 6/16/08
ATTORNEY: [Signature]
DEPT./INDEX NO: 32052
BY: [Signature]

*Notes - perpetual contract at 250k per year
- delegated negotiation 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 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: _____

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: 

CONTRACTOR:
Name: Lincoln Child Center
Address: 4368 Lincoln Avenue
Oakland, CA 94602
Phone: 510.531.3111


EL DORADO COUNTY COUNSEL
2009 OCT 23 AM 10:51



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: 
Approved: Disapproved: Date: By:

Department should seek Board authorization for purchasing Agent to sign contract

RECEIVED
HUMAN RESOURCES DEPT
08 OCT 28 PM 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: 
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: 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: Martin's Achievement Place
 Address: 5240 Jackson Street
North Highlands, CA 95660
 Phone: (916) 338-1001

JUN 12 PM 3:09
 COUNTY COUNSEL
 C. M. M...

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: 9
 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 agree NTE @ 250k / year
 - signature authority delegated by BOB*

ASSIGNMENT
 6/18/08
 ATTORNEY
 DEPT/INDEX NO. 530320
 BY: AMC

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
 08 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 #: 168-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: Mental Health Systems, Inc.
Address: 9465 Farnham Street (Facility Site: Universal Health Services/Provo Canyon School, 1350 East 750 North, Orem, UT 84097)
San Diego, CA 92123
Phone: (858) 573-2600

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

Shirley C. Hodgson
COUNTY COUNSEL
0:45

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: _____

*NOTES - perpetual agreement for NTC # 207K / year.
- has been delegated signature authority*

DATE: 6/11/08
APPROVED: [Signature]
DEPT. INDEXING: [Signature]
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: [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 #: 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: Milhou's Children's Services, Inc.
 Address: 24077 Highway 49
Nevada City, CA 95959
 Phone: (530) 265-9057

COUNTY MAIL
 JUN 16 3:52 PM '08
 COUNTY COUNSEL

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 - perpetual agreement NTR 250k / yr.*

COUNTY INDEX NO. 5 BOUND
 JUN 16 2008
 COUNTY COUNSEL

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 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 #: 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

Phone #: X7268

Department

Head Signature: *[Signature]*

CONTRACTOR:

Name: Oakendell

Address: 3585 Hawver Road, (Mailing P.O. Box 1144)

San Andreas, CA 95249

Phone: (209) 754-1249

COUNTY MAIL
2008 JUN 11 11:52
COUNTY COUNSEL

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 - Perpetual Agreement, NRE \$250K per year*

6/11/08
ELK
INDEPENDENT
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: *[Signature]*

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
Department
Head Signature: [Signature]

CONTRACTOR:

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

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:

Notes - perpetual agreement MTO \$250k per year, signature authority delegated by BOS

ASSIGNMENT
DATE 6/13/08
ATTORNEY [Signature]
DEPT./INDEX NO 5280570
[Signature]

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
08 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: Ed Knapp

Contract #: 149-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: One Day, Inc. dba Southpoint Homes

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

Phone: 916 601 3561

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 Allegation / Engration
and March 10/20 08*

RECEIVED
HUMAN RESOURCES DEPT
OCT 24 AM 11:15
Mina R. [Signature]

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 *EP Rump*

Contract #: 1062-0811

CONTRACT ROUTING SHEET

Date Prepared: 8-8-08

Need Date: 8-22-08

PROCESSING DEPARTMENT:

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

Phone #: 7268

Department: _____
Head Signature: *[Signature]*

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

EL DORADO COUNTY
2008 AUG 18 AM
2008 AUG -8 11:22
COUNSEL
POSADO COUNTY COUNSEL

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 should be by DAS preferably 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: _____

RECEIVED
HUMAN RESOURCES DEPT
08 AUG 8 PM 2:29

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: R House, Inc.

Address: 429 Speers Road (Mailing: P.O. Box 2587 Santa Rosa, CA 95405)

Santa Rosa, CA 95409

Phone: (707) 571-2215

RECEIVED
COUNTY COUNCIL
JUN 12 PM 3:00
[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: _____

*Notes - perpetual agree for NTR 250k/yr.
- signature authority delegated by Pos*

ASSIGNMENT
6/12/08
KEY ED
INDEX NO: 5365
[Signature]

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
HR 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: _____

ASSIGNMENT

DATE: 3/9/98

CONTRACT NUMBER STPUD MOU
Outreach Program

ATTORNEY Jamp.

DEPT./INDEX NO. 523000

CONTRACT ROUTING SHEET

BY: _____

SUBMITTED BY:

DEPARTMENT Community Services

CONTACT PERSON John Litwinovich

CONTACT PHONE # 6163

CONTRACTOR:

NAME South Tahoe Public Utility District

ADDRESS 1275 Meadow Crest Drive
South Lake Tahoe, CA 96150

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. TP</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>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>

RECEIVED

3/10/98
COUNTY CLERK


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

COMMENTS: _____

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 "HQ" 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 # _____
SERVICES (IHSS) PROVIDER HEALTH
BENEFITS WITH SYMETRA LIFE INS. CO.

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: IHSS /
Department: HUMAN SERVICES
Dept. Contact: JOHN LYWINNORCH
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
DATE: 01/10/2005
ATTORNEY: SMITH KEAR
DEPT. INDEX NO.: 531010
BY: AKO

Please forward to Dave Cheney for review
Addition to employees will
Contractor will provide evidence of compliance
with Knox-Keene notification requirements
approval rights of participants
Will attach copy of active policy
specifications

2005 JAN 10 AM 10:00
EL PASO COUNTY
COUNSEL

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 6/13/2008
 ATTORNEY Ed Knapp
 DEPT. INDEX NO. 5305200
#400

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

RECEIVED
 COUNTY COUNSEL
 JUN 12 PM 3:10
Patti Barton

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 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

CONTRACTOR:

Name: Tribal Economic & Social Solutions Agency, Inc.

Dept. Contact: Shirley I. C. Hodgson

Address: 2641 Cottage Way, Suite 200

Phone #: X7268

Sacramento, CA 95825

Department: _____

Phone: (916) 485-2600

Head Signature: [Signature]

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000.00

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: 6-16-08 By: [Signature]

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

ASSIGNMENT	6/13/08	ORNEY	INDEX NO. 530500
	[Signature]		

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

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: _____

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: _____

FILED IN COUNTY COUNSEL 11:12 PM 3-15-08 [Signature]

RECEIVED HUMAN RESOURCES DEPT JUN 16 PM 4:26 [Signature]

CONTRACT ROUTING SHEET W/ United Outreach of El Dorado County

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 Rich
for George W. Sanders

Phone: _____

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 3:53 PM
EL DORADO COUNTY COURSE

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 ordinance that in case EOB agi for products call of questions

OK add 12/16/03 BHR

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 1/12/07 By: J. Corbett

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

please call when ready 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: _____

ASSIGNMENT
DATE: 12/02/03
ATTORNEY
DEPT./INDEXED
BY:
HUMAN RESOURCES
JAN 12 PM 3:14

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 perpetual contract, with a NTE amount of \$250k per year.
Cos has delegated signature authority to Patti Barton*

ASSIGNMENT
DATE: 6/13/08
ATTORNEY: BO KURTAL
CPT/INDEX NO.: 530550

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 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: _____