

# 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 201K per year  
- Has been delegated signature authority*

DATE: 6/17/08  
BY: [Signature]  
DEPT. INDEX NO. 530500  
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  
08 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: [Signature] Disapproved: \_\_\_\_\_ Date: 4/17/08 By: [Signature]  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**ASSIGNMENT**  
 DATE: 3/11/08  
 ATTORNEY: [Signature]  
 DEPT INDEX NO: 3744  
 BY: [Signature]  
Agreement liability limited to amount of annual license fees  
Fees may be adjusted 1% per yr w 60 days notice  
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: [Signature] 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: [Signature] 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~~  
12/08/04

**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 outlined below are followed Disapproved: \_\_\_\_\_ Date: 1/11/05 By: Justin Ken  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 (no 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 1% 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. Cherry  
 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: \_\_\_\_\_

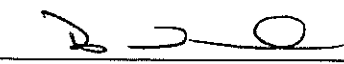
\_\_\_\_\_  
See attached previously submitted blue route with Information Technologies' approval.

# 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 11 AM  
*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: \_\_\_\_\_  
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 for NTR \$250k per year  
DoS has delegated signature authority*

RISK MANAGEMENT

DATE: 6/17/08  
ATTORNEY: ED  
DEPT. INDEX NO: 30620  
BY: AND

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

EL PASO COUNTY COUNSEL  
JUN 12 PM 3:41  
[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 6/17/2008  
ATTORNEY [Signature]  
DEPT./INDEX NO. 5306/010  
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 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 30 day termination w/o cause by county  
\* Perpetual agreements require BOS approval and  
also this 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 done SH*

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: \_\_\_\_\_

08 OCT 28 AM 8:51  
HUMAN RESOURCES DEPT  
RECEIVED

# 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

Address: 2990 Lava Ridge Ct., #170 Roseville, CA 95661

Phone: (916) 789-8688

Dept. Contact: Shirley I. C. Hodgson

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: 6-17-08 By: Cal/hus

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT	DATE	ATTORNEY	DEPT./INDEX NO.
	<u>6/16/08</u>	<u>ED/KARLA</u>	<u>530520</u>
			<u>A410</u>

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

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: \_\_\_\_\_

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

**CONTRACTOR:**

Name: Family Connections Christian Adoptions

Dept. Contact: Shirley I. C. Hodgson

Address: 1120 Tully Road

Phone #: X7268

Modesto, CA 95350

Department: \_\_\_\_\_

Phone: (209) 524-8844

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: 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: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*NOTE = perpetual agreement NTR \$250,000/yr*

ASSIGNMENT

DATE 6/17/08

ATTORNEY EO KARRAHO

DEPT./INDEX NO 2705000

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

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

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 COUNSEL  
 EL DORA DO COUNTY COUNSEL  
 2008 JUN 11 PM 3:52  
*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 NDB 250k per year*

ASSIGNMENT  
 6/11/08  
 OFFICE  
 IT/INDECNO/33020  
 JW

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  
 HR/M 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 11  
EL DORADO COUNTY  
COUNTY COUNSEL  
Patti Barton

**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 for 250k per year  
- 1 signature authority delegated by BOS*

ASSIGNMENT DATE	6/10/08
TORNEY	EA KUPA
DEPT/INDEX NO.	030500
	AKO

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  
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

Address: 19650 Cove Road

Phone #: X7268

Redding, CA 96099 (Mailing)

P.O. Box 993125

Department: \_\_\_\_\_

Phone: (530) 244-3806

Head Signature: 

RECEIVED  
HUMAN SERVICES DEPT.  
JUN 12 PM 3:43  
*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: 6-17-08 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

ASSIGNMENT  
DATE: 6/16/08  
ATTORNEY: Shirley Hodgson  
DEPT./INDEX NO: 320528  
BY: SH

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 SERVICES 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 L. C. Hodgson  
Phone #: 7268  
Department Head Signature: 

### CONTRACTOR:

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

EL. DIR. OF COUNTY COUNSEL  
2008 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 purchase  
Agmt to sign contract*

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:             
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


### 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: \_\_\_\_\_

*Notice - perpetual agree NTR @ 250k / year  
 - Signature Authority delegated by RES*

ASSIGNMENT  
 DATE: 6/13/08  
 ATTORNEY: Ed Kelly  
 DEPT / INDEX NO: 580500  
 BY: 

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

COUNTY COUNSEL  
DATE: JUN 11 3:52 PM  
BY: *Handwritten initials*

**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: *Handwritten signature*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*\* Note - perpetual agreement NIRS 250k/yr.*

ASSIGNMENT  
E  
ONLY  
INDEX TO SEND  
*Handwritten initials*

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: *Handwritten 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 #: 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

Address: 606 "D" Street Marysville, CA 95901

Phone: 530 743 7106

Dept Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: *[Signature]*

### 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*

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

Phone #: X7268

Department: \_\_\_\_\_

Head 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  
EL DORADO 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, NRC 20K per year*

ASSIGNMENT  
6/11/08  
ELK  
INDEX NO 58050  
JTC

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 18 PM 4:25

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: 5  
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 - perpetuated against NTR & OK program; legislation authority delegated to OS*

ASSIGNMENT  
DATE 6/13/08  
ATTORNEY [Signature]  
PT/INDEX NO 530500  
[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  
JH AMRIS COURTES 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: \_\_\_\_\_



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: 

**CONTRACTOR:**

Name: One-Day, Inc. dba Southpoint Homes

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

95829

Phone: 916 601 3561

RECEIVED  
HUMAN SERVICES DEPT  
01 OCT 24 AM 11:13  
Ed Knapp

**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 Allegation / Signature Authority  
JANIS SH

RECEIVED  
HUMAN SERVICES 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: 

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 [Signature]

Contract #: 1062-0811

# CONTRACT ROUTING SHEET

Date Prepared: 8-8-08

Need Date: 8-22-08

### PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley L. 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

### 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: [Signature] Disapproved: \_\_\_\_\_ Date: 8-12-08 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*\* Expectation should be by P.A. not by P.A.  
\* Signature Authority delegated to P.A. by H.S.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] 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: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2008 AUG 16 AM 11:22  
2008 AUG 16 PM 3:29  
RECEIVED  
HUMAN SERVICES DEPT.



# 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 ~~\$57,475~~  
Contract Term: Continues until terminated 3-31-10 CONTINUES UNTIL TERMINATED 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: \_\_\_\_\_

*I have contractor provide - Corporate Authorization for Signature by CFO ✓  
2-23-09 4-14-09*

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: \_\_\_\_\_

COPIES  
11:19 AM 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

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

FILED FOR ADD. COUNTY COURSE  
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: \_\_\_\_\_

ASSIGNMENT	4/23/08
INDEXING	6/23/08
FILED	[Signature]

*Notes - perpetual agree for NTD 200K/yr  
- signature previously delayed by HQ*

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  
AT 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 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><b>1. ORIGINATING DEPT</b></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><b>2. COUNTY COUNSEL REVIEW</b></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><b>1a. RISK MANAGEMENT REVIEW OF HAZARDOUS CONTRACTS</b></p> <p><input type="checkbox"/> APPROVED    <input type="checkbox"/> DISAPPROVED</p> <p>BY: _____</p> <p>DATE: _____</p> <p>COMMENTS: _____</p> <p>_____</p> <p>_____</p>	<p><b>3. COUNTY APPROVAL</b></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  
MAR 11 2 03 PM '98  
COUNTY OF SOUTH TAHOE


RISK MANAGEMENT is exempt from review if the contract is non-hazardous. Following County Counsel 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 ("H<sup>3</sup>O") is cited as "H<sub>0</sub>" 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 (H<sup>2</sup>O) 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 (H<sup>2</sup>O) 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 (H<sup>2</sup>O) Program."

Comment #3:

It has been confirmed that this is a typo.

CONTRACT # \_\_\_\_\_  
SERVICES (IHSS) PROVIDED HEALTH  
BENEFITS WITH SYMETRA LIFE INS. CO.

# CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: IHSS /  
Department: HUMAN SERVICES  
Dept. Contact: JOHN LYWINOVICH  
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: Victoria  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
01/10/2005  
ATTORNEY  
DEPT. INDEX NO. 531010  
BY: AKO

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

2005 JAN 10 AM 10:10  
EL PASO 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: 

### 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:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
 DATE 6/13/08  
 ATTORNEY ED KRAFF  
 DEPT INDEX NO 530500  
440

*\* Note that this is a perpetual contract for NTE  
 @ 10K per year. Has been delegated signature  
 authority to Patti Barton, HR.*

RECEIVED  
 HUMAN RESOURCES DEPT  
 JUN 12 PM 3  
 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:   
 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: Tribal Economic & Social Solutions Agency, Inc.

Address: 2641 Cottage Way, Suite 200

Sacramento, CA 95825

Phone: (916) 485-2600

COUNTY COUNSEL  
12 PM 3:30  
[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: \_\_\_\_\_

*\* Note: Not this a perpetual contract with a NTE amount of 250k per year. Foster delegated Negotiation Authority to Shirley Hodgson*

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  
JUN 16 PM 1:26

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  
**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 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 3:39  
 EL DORADO COUNTY COUNSEL

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 w/ Bonnie, add ordinance rule that in com. Est. ag. for products call of questions*

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.*

**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.  
 JAN 12 PM 3:14  
 DATE: 12/02/03  
 TRUCKS #  
 ATTORNEY B  
 DEPT./INDEX/ROD  
 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 NTD amount of \$250k per year. Cos has delegated signature authority to Purchasing Dept*

ASSIGNMENT

DATE: 6/13/08  
ATTORNEY: [Signature]  
DEPT INDEX NO: 530500

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 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: \_\_\_\_\_