

CONTRACT ROUTING SHEET

Date Prepared: 4-24-09

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: *Janet Meeker Conway*

CONTRACTOR:

Name: Environmental Alternatives

Address: 455 W. Main Street (Mail: P.O.

Box 3940)

Quincy, CA 95971

Phone: 530 283-3330

EL DORADO COUNTY COUNSEL
2009 APR 28 11:13

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Continues until terminated Contract Value: \$750,000.00

Compliance with Human Resources requirements? Yes: 4-23-09 No: _____

Compliance verified by: Cheryl Dorosh

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

Approved: Disapproved: _____ Date: 4-28-09 By: *[Signature]*

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

RECEIVED
HUMAN RESOURCES DEPT
09 APR 28 11:59

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 4/29/09 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: _____