

CONTRACT ROUTING SHEET

Date Prepared: 12-14-10

Need Date: 1-7-11

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: New Millennium Contemporary Management dba New Millennium Foster Family Agency

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Address: 606 "D" Street

Department: _____

Marysville, CA 95901

Head Signature: *Daniel Wilson*

Phone: 530 743-7106

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis for DHS clients

Contract Term: 10-1-08 - perpetual Contract Value: \$200,000

Compliance with Human Resources requirements? Yes: 12-3-10 No: _____

Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: _____ Date: 12-16-10 By: *Cal*

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

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HUMAN SERVICES
COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 12/17/10 By: *[Signature]*

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

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

Departments: _____

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

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