

# CONTRACT ROUTING SHEET

Date Prepared: 04/17/08

Need Date: May 5, 2008

**PROCESSING DEPARTMENT:**

Department: Probation Department

Dept. Contact: Diane Hofsommer

Phone #: 621-5957

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

Head Signature: [Signature]

**CONTRACTOR:**

Name: County of Solano - Fouts Springs Youth Facility

Address: 1333 Fouts Springs Rd / PO Box 189

Stonyford, CA 95979

Phone: 530-963-3101

*Hand Delivered*  
EDC/ADP COUNTY COURSE

**CONTRACTING DEPARTMENT:** Probation Department

Service Requested: Juvenile Court ordered housing of EDC wards.

Contract Term: 07/01/08 - 06/30/09 Contract Value: Not-stated; \$85 K

08/09 budget

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: N/A

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 4/21/08 By: [Signature]

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

ASSIGNMENT

DATE: 4/18/2008  
ATTORNEY: MIKE C  
DEPT/INDEX NO: 852000  
BY: [Signature]

*# 4A last sentence should read "of Facility, & employees or agents."*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 4/22/08 By: [Signature]

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

RECEIVED  
HUMAN RESOURCES DEPT  
08 APR 22 AM 10:10

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

Departments: N/A

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

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