

CONTRACT ROUTING SHEET

Date Prepared: 1-29-09

Need Date: 2-19-09

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: *Janet Walker Conroy*

CONTRACTOR:

Name: TLC Child & Family Services

Address: 1800 N. Gravenstein Hwy, #A,
Sebastopol, CA 95472 (Mailing:
P.O. Box 2079, Sebastopol
CA 95473-2079)

Phone: (707) 823-7300

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster Care/Group Home services on an "as requested" basis.

Contract Term: Continues until terminated Contract Value: \$250,000.00 ea
fiscal year

Compliance with Human Resources requirements? Yes: 1-29-09 No: _____

Compliance verified by: Patti Barton at H.R.

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

Approved: ✓ Disapproved: _____ Date: 1-30-09 By: *[Signature]*

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 2/2/09 By: *[Signature]*

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

RECEIVED
RISK MANAGEMENT DEPT
JAN 30 PM 4:28

Please call Shirley 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: _____