

CONTRACT ROUTING SHEET

Date Prepared: 11-10-10

Need Date: 12-3-10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I.C. Hodgson

Phone #: X7268

Department Head Signature: *Shirley I.C. Hodgson*

CONTRACTOR:

Name: Valley Oak Residential Treatment Program, Inc.

Address: P.O. Box 1358

Manteca, CA 95336

Phone: 209 239-3244

10 NOV 19 AM 11:22
HUMAN SERVICES DEPT

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual fm date of execution Contract Value: \$100,000.00

Compliance with Human Resources requirements? Yes: Yes No:

Compliance verified by: Mike Stella

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

Approved: ✓ Disapproved: Date: 11-18-10 By: *Mike Stella*

Approved: Disapproved: Date: By:

15 NOV 10 AM 10:13
CLERK OF COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 11/19/10 By: *Mike Stella*

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: