

# CONTRACT ROUTING SHEET

Date Prepared: 6-3-11

Need Date: 6-24-11

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department Head Signature: *Samuel Wilson*

**CONTRACTOR:**

Name: Guiding Our Youth

Address: 1672 Casarin Ave., (Mail: 690A  
E. Los Angeles Ave., #218)

Simi Valley, CA 93065

Phone: 213 923-6408

**CONTRACTING DEPARTMENT:** Human Services

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

Contract Term: Perpetual fm date of execution Contract Value: \$100,000.00 - 200,000

Compliance with Human Resources requirements? Yes: 6-1-11 No: Approved by Ed Knapp 7/17/11

Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-7-11 By: *Ed Knapp*

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

E. DORADO COUNTY COUNSEL  
2011 JUN -7 AM 10:15

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/8/11 By: *MS*

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: \_\_\_\_\_