

CONTRACT ROUTING SHEET

Date Prepared: 10-21-10

Need Date: 11-10-10

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: X7268
Department
Head Signature: *Shirley Hodgson*

CONTRACTOR:

Name: Devereux Cleo Wallace
Address: 8405 Church Ranch Blvd.
Westminster, CO 80021
Phone: 303 639 1716

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis
Contract Term: 8-1-10 - Perpetual Contract Value: \$125,000.00
Compliance with Human Resources requirements? Yes: 10-15-10 No: _____
Compliance verified by: Mike Strella of H.R.

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

Approved: Disapproved: _____ Date: 10-26-10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please obtain corporate authorization for execution director to sign contracts - Done 10-29-10 SH

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 10/27/10 By: *[Signature]*
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: _____