

CONTRACT ROUTING SHEET

Date Prepared: 2-24-11

Need Date: 3-17-11

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Kinship Center
Address: 124 River Road
Salinas, CA 93908
Phone: 831 455-9965

11 FEB 28 PM 03:37
HUMAN SERVICES DEPARTMENT

CONTRACTING DEPARTMENT: Human Services

Service Requested: Group home/foster care services on an "as requested" basis.
Contract Term: Dt of execution until terminated Contract Value: \$100,000.00
Compliance with Human Resources requirements? Yes: 2-4-11 No: _____
Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: _____ Date: 2-25-11 By: *Mike Strella*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
11 FEB 25 PM 11:04

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 3/1/11 By: *MS*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please call Shirley Hodgson 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: _____