

CONTRACT ROUTING SHEET

Date Prepared: 1-06-09

Need Date: 1-23-09

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: New Millennium Contemporary Management dba New Millennium Foster Family Agency

Dept. Contact: Shirley I. C. Hodgson

Address: 606 "D" Street

Phone #: X7268

Marysville, CA 95901

Department: _____

Phone: 530 743 7106

Head Signature: *[Handwritten Signature]*

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.

Contract Term: Continuing until terminated Contract Value: NTE \$250,000 per fiscal year \$100,000

Compliance with Human Resources requirements? Yes: 12-31-08 No: _____

Compliance verified by: Patti Barton of H.R.

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

Approved: Disapproved: _____ Date: 1-8-09 By: *[Signature]*

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

2-19-09 Per County Counsel, no need to review change to amount of Agreement from \$250,000 to \$100,000

RECEIVED HUMAN RESOURCES DEPT 09 JAN 19 PM 2:05

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/20/09 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: _____