

CONTRACT ROUTING SHEET

Date Prepared: 8-10-10

Need Date: 8-30-10

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Sierra Forever Families
Address: P.O. Box 361
Nevada City, CA 95959
Phone: 916 368 5114

CONTRACTING DEPARTMENT: Human Services

Service Requested: Group home/foster care services for clients on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$100,000.00
Compliance with Human Resources requirements? Yes: 7-28-10 No: _____
Compliance verified by: Mike Strella, H.R.

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

Approved: Disapproved: _____ Date: 8-11-10 By: *W. Strella*
Approved: _____ Disapproved: _____ Date: _____ By: _____

10 AUG 11 PM 1:17
ELDRIDGE
COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8/10/10 By: *W. Strella*
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: _____