

CONTRACT ROUTING SHEET

Date Prepared: 4-8-09

Need Date: 4-29-09

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Wynspring Family Resource Ctr
Address: 2755 Cottage Way, Suite 19
Sacramento, CA 95825 (Mail:
P.O. Box 71, Citrus Heights, CA
95611)
Phone: (916) 480-0280

Department
Head Signature: *Janet Walker County*

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Continues until terminated Contract Value: \$100,000
Compliance with Human Resources requirements? Yes: 10-23-08 No: _____
Compliance verified by: Patti Barton

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

Approved: ✓ Disapproved: _____ Date: 4-24-09 By: *W. Khan*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT
09 APR 28 AM 10:29

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: ✓ Disapproved: _____ Date: 4/29/09 By: *C. Collette*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please call Shirley Hodgson at 7268 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: _____