

# CONTRACT ROUTING SHEET

Date Prepared: 10-08-10

Need Date: 10-29-10

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

Name: Promesa Behavioral Health  
Address: 7475 North Palm Ave., #107  
Fresno, CA 93711  
Phone: 559-439-5437

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home svcs on an "as requested" basis for clients of DHS  
Contract Term: Perpetual fm date of execution Contract Value: \$250,000.00  
Compliance with Human Resources requirements? Yes: 10-7-10 No: \_\_\_\_\_  
Compliance verified by: Mike Strella, H.R.

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10-14-10 By: *Carl Brown*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/15/10 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: \_\_\_\_\_

RECEIVED  
OCT 12 AM 11:55  
EL DORADO COUNTY COUNSEL