

# CONTRACT ROUTING SHEET

Date Prepared: 10-12-09

Need Date: ASAP

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

Name: Remi Vista, Inc.  
Address: 393 Park Marina Circle  
Redding, CA 96001  
Phone: 530 245-5805

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Administer the Transitional Housing Placement Program (THPP) for eligible foster youth referred by DHS

Contract Term: 12-12-09 through 12-11-12 Contract Value: \$593,352.00

Compliance with Human Resources requirements? Yes: 10-12-09 No:         

Compliance verified by: Mike Strella of H.R.

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

Approved:  Disapproved:          Date: 10-13-09 By: *[Signature]*  
Approved:          Disapproved:          Date:          By:         

EL DORADO COUNTY COUNSEL  
2009 OCT 12 PM 3:12

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved:          Date: 10/17/09 By: *[Signature]*  
Approved:          Disapproved:          Date:          By:         

RISK MANAGEMENT DEPT  
2009 OCT 13 PM 1:40

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: