

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: [Signature]

CONTRACTOR:

Name: Aspiranet dba Aspira Foster & Family Services

Address: 400 Oyster Point Blvd., #501
South San Francisco, CA 94080

Phone: (650) 866-4080

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

Compliance with Human Resources requirements? Yes: 4/24/08 No: _____

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-18-08 By: [Signature]

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

*Note - perpetual agreement NTE 2012 per year
- has been delegated signature authority*

DATE: 6/17/2008
APP: [Signature]
DEPT. INDEX NO. 230500
BY: [Signature]

RECEIVED
HUMAN RESOURCES DEPT
08 JUN 12 PM 3:30
[Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/19/08 By: [Signature]

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

RECEIVED
HUMAN RESOURCES DEPT
08 JUN 19 PM 2:01

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Creative Alternatives, Inc.
Address: 2855 Geer Road
Turlock, CA 95382
Phone: (209) 668-9361

2008 JUN 12 PM 4:19
EL DORADO COUNTY COUNSEL
Quintanilla

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

Compliance with Human Resources requirements? Yes: 4/24/08 No: 4/9

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-18-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Note - perpetual agreement for NTS \$250k per year
LOS has delegated signature authority*

ASSIGNMENT

DATE: 6/17/08
ATTORNEY: ED Kuczkowski
DEPT./INDEX: 630620
BY: ADD

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/19/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 19 PM 2:01

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Crossroads Treatment Center, Inc.
Address: 6060 Sunrise Vista Dr, #1810
Citrus Heights, CA 95610
Phone: (916) 729-2721

JUN 12 PM 3:41
EL DORADO COUNTY COUNSEL
[Signature]

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4/24/08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-18-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Note - perpetual agreement NTE \$ 250k/yr.
has been delegated signature authority*

ASSIGNMENT
DATE 6/17/2008
ATTORNEY [Signature]
DEPT./INDEX NO. 230706
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/19/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

JUN 19 PM 2:01
RECEIVED
RISK MANAGEMENT DEPT

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08


PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: 

CONTRACTOR:

Name: Families for Children Treatment Respite Care, Foster Care dba Families for Children

Address: 2990 Lava Ridge Ct., #170 Roseville, CA 95661

Phone: (916) 789-8688

JUN 12 PM 3:49
 RECEIVED
 HUMAN RESOURCES DEPT
 COUNTY COUNSEL
Caroline Mack

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

Compliance with Human Resources requirements? Yes: 4/24/08 No: _____

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-17-08 By: 

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

*Note - perpetual contract for 250k per year
- signature by P.A. delegated by BOS.*

ASSIGNMENT
 DATE: 6/16/08
 ATTORNEY: ED/Carroll
 DEPT./INDEX NO.: 530500
 BY: AHL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: 

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

JUN 17 PM 1:34
 RECEIVED
 HUMAN RESOURCES DEPT

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department


Head Signature: 

CONTRACTOR:

Name: Family Connections Christian Adoptions

Address: 1120 Tully Road Modesto, CA 95350

Phone: (209) 524-8844

RECEIVED
EL DORADO COUNTY COUNSEL
JUN 12 PM 4:59


CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

Compliance with Human Resources requirements? Yes: 4/24/08 No: 4/5


Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: Date: 6-18-08 By: 

Approved: Disapproved: Date: By:

Note - perpetual agreement NTS \$250K/yr

ASSIGNMENT
DATE 6/17/08
ATTORNEY ED KAWAJP
DEPT./INDEX NO. 57265000
BY: 

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 6/19/08 By: 

Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
JUN 19 PM 2:01

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:


CONTRACT ROUTING SHEET

COUNTY MAIL
EL DORADO COUNTY COUNSEL
2008 JUN 11 PM 3:32

Date Prepared: 6-11-08

Need Date: 7-2-08

PROCESSING DEPARTMENT:

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


CONTRACTOR:

Name: Family Life Center
Address: 365 Kuck Lane
Petaluma, CA 94952
Phone: (707) 795-6954

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4/24/08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-16-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

** Note: perpetual agreement NTR 250k per year*

ASSIGNMENT
6/11/08
GRNEY
T. INDEKNOV
3/3/08
JW

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
08 JUN 16 PM 4:26

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Gateway Residential Programs
Address: 1780 Vernon Street, Suite 1
Roseville, CA 95678 (Mailing:
P.O. Box 2258, Fairoaks, CA
95628)
Phone: (916) 782-1111

Department _____
Head Signature: [Signature]

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4/24/08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: _____ Disapproved: _____ Date: 6-17-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Notes: - perpetual agreement for 250k per year;
- signature authority delegated by Bos*

ASSIGNMENT
6/16/08
ATTORNEY ED KURAD
CPT./INDEX NO. 30500
[Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
08 JUN 17 PM 4:20

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: 

CONTRACTOR:

Name: Hillcrest Community Services, Inc. dba Wilderness Recovery Center

Address: 19650 Cove Road
Redding, CA 96099 (Mailing
P.O. Box 993125)

Phone: (530) 244-3806

EL DORADO COUNTY COUNSEL
JUN 12 PM 3:49
Carla M. Smith

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

Compliance with Human Resources requirements? Yes: 4/24/08 No: _____

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: ✓ Disapproved: _____ Date: 6-12-08 By: 

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

*Notes - perpetual contract at 250k per year
- delegated signature authority*

ASSIGNMENT
DATE: 6/16/2008
ATTORNEY: MR. [Signature]
DEPT./INDEX NO.: 53050
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6/17/08 By: 

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

RECEIVED
HUMAN RESOURCES DEPT
JUN 17 PM 4:20

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Homes with Heart
Address: 11050 Coloma Road, #7 & #8
Rancho Cordova, CA 95670
(Mailing: P.O. Box 1661,
Folsom, CA 95763)
Phone: (916) 852-1826

Department _____
Head Signature: [Signature]

EL DORADO COUNTY COUNSEL
JUN 12 PM 3:00

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4/24/08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: _____ Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Note - perpetual agreement NTC \$250K/yr.
delegated signature authority*

ASSIGNMENT
DATE 6/16/2008
ATTORNEY BO Kaurappo
DEPT. INDEX NO. 530500
BY: AHO

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [check] Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 17 PM 4:21

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Martin's Achievement Place
Address: 5240 Jackson Street
North Highlands, CA 95660
Phone: (916) 338-1001

ELDERADO COUNTY COUNSEL
08 JUN 12 PM 3:09
Quinty Mitchell

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4-24-08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-17-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Notes - perpetual agree HRS @ 250k / yr
- Signature authority delegated by AS*

ASSIGNMENT
DATE: 6/13/2008
ATTORNEY: Ed Hoyle
DEPT / INDEX NO: 530500
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
08 JUN 17 PM 4:20

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-11-08

Need Date: 7-2-08


PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson

CONTRACTOR:

Name: Mental Health Systems, Inc.
Address: 9465 Farnham Street (Facility Site: Universal Health Services/Provo Canyon School, 1350 East 750 North, Orem, UT 84097)
San Diego, CA 92123
Phone: (858) 573-2600


Phone #: X7268
Department
Head Signature: 



RADIO COUNTY COUNSEL
JUN 10 10:45


CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4/24/08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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


Approved: Disapproved: _____ Date: 6-11-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

DATE: 6/11/08
APPROVED BY: 
ATTORNEY: _____
DEPT. INDEX NO. 590500
BY: 

*NOTES - perpetual agreement for NTC # 207E / eqv.
- Doc has delegated signature authority*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/19/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 19 PM 2:01

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-11-08

Need Date: 7-2-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Milhou Children's Services, Inc.
Address: 24077 Highway 49
Nevada City, CA 95959
Phone: (530) 265-9057

RECEIVED
EL DORADO COUNTY COUNSEL
2008 JUN 11 PM 3:52
County mail

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4/24/08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-16-08 By: Cal Kim
Approved: _____ Disapproved: _____ Date: _____ By: _____

** Note - perpetual request NTR 250K/yr.*

ASSIGNMENT
6/11/08
COUNTY
ELK
COUNTY INDEX NO. 53090
JHR

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: Cal Kim
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
08 JUN 16 PM 4:26

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-11-08

Need Date: 7-2-08

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: [Signature]

CONTRACTOR:

Name: Oakendell

Address: 3585 Hawver Road, (Mailing P.O. Box 1144)

San Andreas, CA 95249

Phone: (209) 754-1249

COUNTY MAIL
2008 JUN 11 10:52
E. DONALD COUNTY COUNCIL

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

Compliance with Human Resources requirements? Yes: 4/24/08 No:

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: Date: 6-16-08 By: [Signature]

Approved: Disapproved: Date: By:

** Note - Perpetual Agreement, NTE: 250K per year*

ASSIGNMENT
6/11/08
ORNEY
ELK
DEPT. INDEX NO. 5380500
JAL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 6/17/08 By: [Signature]

Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
JUN 16 PM 4:26

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:

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Obid Foundation
Address: 8382 Sierra Sunset Drive
Sacramento, CA 95828
Phone: (916) 217-0197

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4/24/08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-17-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Note - perpetual agreement NTE 250k per year;
foster care authority delegated by Board*

ASSIGNMENT
DATE 6/13/08
ATTORNEY DR. HODGSON
DEPT. INDEX NO. 520500
BY: AWD

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
06 JUN 17 PM 4:20

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: 

CONTRACTOR:

Name: R House, Inc.

Address: 429 Speers Road (Mailing: P.O. Box 2587 Santa Rosa, CA 95405)

Santa Rosa, CA 95409

Phone: (707) 571-2215

21 JUN 12 PM 3:00
COUNTY COUNCIL

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000

Compliance with Human Resources requirements? Yes: 4/24/08 No: _____

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-17-08 By: 

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

*Notes - perpetual agreement for NTD 250K/yr.
- signature authority delegated by Res*

ASSIGNMENT
6/13/2008
KEY ED
INDEX NO. 53650

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: 

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

RECEIVED
HUMAN RESOURCES DEPT
21 JUN 17 PM 4:20

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:


Name: Tahoe Turning Point
Address: P.O. Box 17509
South Lake Tahoe, CA 96151
Phone: (530) 541-4594

RECEIVED
HUMAN RESOURCES DEPT
JUN 12 PM 3:11
Shirley C. Hodgson

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4/24/08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-16-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
DATE 6/13/2008
ATTORNEY Ed Kaapp
DEPT INDEX NO. 5305000
#400

** Note that this is a perpetual contract for NTE \$250K per year. Has up delegated signature authority to Puchner, Esq.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 16 PM 4:26

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: _____

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: [Signature]

CONTRACTOR:

Name: Tribal Economic & Social Solutions Agency, Inc.

Address: 2641 Cottage Way, Suite 200
Sacramento, CA 95825

Phone: (916) 485-2600

ELDER & CO. COUNTY COUNSEL
6/12 PM 3:50
[Signature]

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$250,000.00

Compliance with Human Resources requirements? Yes: 4/24/08 No:

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: ✓ Disapproved: Date: 6-16-08 By: [Signature]

Approved: Disapproved: Date: By:

** Note: that this is a perpetual contract with a MTE amount of 250k per year. PDS has delegated negotiation authority to Purchasing Dept*

ASSIGNMENT
DATE 6/13/08
ATTORNEY [Signature]
C.T. INDEX NO. 536500
AKC

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 6/17/08 By: [Signature]

Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
JUN 16 PM 4:26

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:

CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Wide Horizons Ranch, Inc.
Address: 27442 Oak Run to Fern Road
Oak Run, CA 96069
Phone: (530) 472-3223

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.
Contract Term: Perpetual Contract Value: \$250,000
Compliance with Human Resources requirements? Yes: 4/24/08 No: _____
Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: Disapproved: _____ Date: 6-16-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

** Note this is a perpetual contract, with a NTG amount of \$250k per year.
has been delegated signature authority to Purchasing dept*

ASSIGNMENT

DATE: 6/13/2008
ATTORNEY: ED KURTZ
DEPT./INDEX NO.: 530550
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
JUN 16 PM 4:26

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: _____