

# CONTRACT ROUTING SHEET

Date Prepared: 4/26/07

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**  
Department: CAO/Proc. & Contracts

**CONTRACTOR:**  
Name: County of Solana - Fouts Springs Youth Facility

Dept. Contact: Dan Lynch  
Phone #: 5180

Address: 1333 Fouts Springs Rd  
Stonyford, CA 95979

Department: \_\_\_\_\_  
Head Signature: Bonnie H. Rich  
Bonnie H. Rich

Phone: 530-963-3101

**CONTRACTING DEPARTMENT:** Probation Department  
Service Requested: Bed Space Housing of wards  
Contract Term: One Year Contract Value: \$25,000  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: / Disapproved: \_\_\_\_\_ Date: 4-27-07 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
SIMILAR / SAME AGREEMENT APPROVED IN APRIL 2006 - SEE ENCLOSED (2)

ASSIGNMENT  
04/26/07  
DATE  
ATTORNEY  
DEPT./INDEX NO.  
BY:

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: / Disapproved: \_\_\_\_\_ Date: 4/30/07 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

APR 26 AM 10:02  
EL DORADO COUNTY COUNSEL  
[Signature]

RECEIVED  
HUMAN RESOURCES DEPT  
APR 27 PM 4:30