

# CONTRACT ROUTING SHEET

Date Prepared: 12-6-10

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: DeAnn Osborn  
Phone #: X7338  
Department Head Signature: *Daniel Nielson*  
Daniel Nielson, Director

**CONTRACTOR:**

Name: Whole Person Learning, Inc.  
Address: 11816 Kemper Road  
Auburn, CA 95603  
Phone: 530/626-7734

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Transitional Housing Placement Program Plus residential services  
Contract Term: Three years upon execution Contract Value: \$776,304.00  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: Mike Stella

**COUNTY COUNSEL:** (Must approve all contracts and MOUs)

Approved:  Disapproved: \_\_\_\_\_ Date: 12-8-10 By: *Ed/Boyer\**  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*\* please obtain corporate resolution authorizing executive director to sign contracts.  
12/14/10 Done. D Osborn*

EL DORADO COUNTY COUNSEL  
DEC-8 PM 2:37

**Please forward to Risk Management. Thanks!**

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 12/10/10 By: *MSJ*  
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: \_\_\_\_\_

**Please contact DeAnn Osborn (X7338) to arrange for pick-up. Thank you!**