

Assigned to: Ede Knapp


Contract # 414-S0911

# CONTRACT ROUTING SHEET

Date Prepared: 10-22-08

Need Date: 11-13-08

**PROCESSING DEPARTMENT:**


Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: 7268  
Department  
Head Signature: 

**CONTRACTOR:**


Name: Jasper Mountain  
Address: 37875 Jasper-Lowell Road  
Jasper, OR 97438  
Phone: 541 747 1235

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group homes services on an "as requested" basis.  
Contract Term: No stated term Contract Value: \$250,000.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

2008 OCT 23 10:51  
ELDON RADOVIC  
COUNTY COUNSEL  


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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10-31-08 By:   
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: 11/3/08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES  
08 OCT 31 AM 10:00

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: \_\_\_\_\_