CONTRACT ROUTING SHEET

Date Prepared:	2-24-11	Need Dat	e: <u>3-1/-11</u>	
PROCESSING DEPARTMENT:		CONTRA	CONTRACTOR:	
Department:		Name:	New Morning Yo	uth and Family
Doparamona.	Traman Corviose	ramo.	Services	adir driggi drijiny
Dept. Contact:	Shirley I. C. Hodgson	Address:		ev Road
Phone #:	X7268	***************************************	Placerville, CA 9	5667 😕 🕜
Department	11)	Phone:	530 622-5551	3 6 7 G
Head Signature:	_ Sina Natson			رجستها ر
CONTRACTING	DEPARTMENT: Human S	Services		
	ed: Group home/foster care		requested" basis	
	5-9-08 – Until terminated	Contract Value		00,000.00
-	Human Resources requirement		1-31-11 No	
	fied by: Mike Strella			
•		and MOLUE		
	SEL: (Must approve all continuous Disapproved:	racts and MOU's)	- 26-11 By:	61 1 5
Approved:	Disapproved:	Date: <i></i>	<u>- 25-1/</u> By: By:	m pag
Approved.	Disappioved.	Date	Бу	
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				2 5
				[7]
PLEASE FORWAR	RD TO RISK MANAGEMENT. THA	NKS!		
	MENT: (All contracts and MC			greements) /
Approved:	Disapproved:	Date: <i>3</i> _	///// By:	M. S.1.
Approved:	Disapproved:	Date:	By:	
	· · · · · · · · · · · · · · · · · · ·			
Please call Shir	ley Hodgson to pick up. Than	ks.		
	VAL: (Specify department(s)		ctly affected by thi	s contract).
Departments:				/ -
Approved:	Disapproved:	Date:	Ву:	
Approved:	Disapproved:	Date:	By:	
			-	

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