

# CONTRACT ROUTING SHEET

Date Prepared: 5-16-12

Need Date: 6-6-12

**PROCESSING DEPARTMENT:**

Department: Health & Human Services, SSD

Dept. Contact: Shirley I. C. Hodgson

Phone #: X6262

Department Head Signature: *Shirley I. C. Hodgson*

**CONTRACTOR:**

Name: Environmental Alternatives

Address: 455 W. Main St (Mail: P.O. Box 3940)

Quincy, CA 95971

Phone: 530 283 3330

**CONTRACTING DEPARTMENT:** Health and Human Services Agency, Social Services

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

Contract Term: Perpetual Contract Value: \$1,200,000.00

Compliance with Human Resources requirements? Yes: 4-19-12 No: \_\_\_\_\_

Compliance verified by: Mike Strella of H.R.

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5-23-12 By: *Cal Brown*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
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2012 MAY 22 AM 11:38  
DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5-24-12 By: *Cal Brown*

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

**RISK MANAGER  
EL DORADO COUNTY**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2012 MAY 24 AM 8:11  
HUMAN RESOURCES DEPT

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: \_\_\_\_\_

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