

Assigned to P.A. [Signature]

Contract #: 1062-80811

CONTRACT ROUTING SHEET

Date Prepared: 8-8-08

Need Date: 8-22-08

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: 7268

Department

Head Signature: [Signature]

CONTRACTOR:

Name: Open Lines Group Homes, Inc.

Address: 4625 Mountain Lakes Blvd

(Mail: P.O. Box 992197,

Redding, CA 96099)

Redding, CA 96003

Phone: 530 241-5178

EL DORADO COUNTY JENSEL
2008 AUG 13 AM
2008 AUG - 8 PM 1:22
EL DORADO COUNTY COUNSEL

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: Perpetual Contract Value: \$500,000.00

Compliance with Human Resources requirements? Yes: 4/24/08 No: _____

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: ✓ Disapproved: _____ Date: 8-12-08 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

** Signature should be by P.A. [Signature]
* Signature authority delegated to P.A. by P.O.S.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: ✓ Disapproved: _____ Date: 8/14/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
DEPT. OF JUVENILE SERVICES
08 AUG 13 PM 2:29

Please call Shirley Hodgson at 7268 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: _____