

CONTRACT ROUTING SHEET

Date Prepared: 3-26-10

Need Date: 4-16-10

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: Placer County Children's
Emergency Shelter and Physical
and Behavioral Health Center

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Address: 11716 Enterprise Drive

Auburn, CA 95603

Department: _____

Head Signature: *Daniel Nelson*

Phone: 530 886 2836

EL DORADO COUNTY COUNSEL
APR 11 11:33

CONTRACTING DEPARTMENT: Human Services

Service Requested: Emergency shelter care for clients referred by DHS

Contract Term: 7-1-10 to 6-30-12 Contract Value: \$40,000.00

Compliance with Human Resources requirements? Yes: n/a No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 4-5-10 By: *Cal...*

Approved: ✓ Disapproved: _____ Date: 4-23-10 By: *Cal...*

x Life Mutual Underwriting

EL DORADO COUNTY COUNSEL
APR 11 11:42 AM
APR 11 11:51

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 4/27/10 By: *[Signature]*

Approved: ✓ Disapproved: _____ Date: 4/27/10 By: *[Signature]*

EL DORADO COUNTY COUNSEL
APR 11 11:51
APR 11 11:51

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: _____