

CONTRACT ROUTING SHEET

Date Prepared: 6-9-10

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: *Daniel Nelson*

CONTRACTOR:

Name: Star View Children & Family Services, Inc.

Address: 4025 W. 226th Street
Torrance, CA 90505

Phone: 310 221-6336

CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis 300,000

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

Compliance with Human Resources requirements? Yes: 5-27-10 No:

Compliance verified by: Mike Strella

*OK to amend
per Ed King
8-25-10*

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

Approved: ✓ Disapproved: Date: 6-24-10 By: *Calvin*

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: 6/28/10 By: *MJ*

Approved: Disapproved: Date: By:

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: