

# CONTRACT ROUTING SHEET

Date Prepared: 6-10-10

Need Date: 6-30-10

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X72678

Department: \_\_\_\_\_

Head Signature: *David Nelson*

**CONTRACTOR:**

Name: Tabula Rasa Treatment Homes, Inc.

Address: 8742 Palmias Ct  
Fair Oaks, CA 95628

Phone: (916) 967-0847

**CONTRACTING DEPARTMENT:** Human Services

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

Contract Term: Perpetual Contract Value: \$100,000.00

Compliance with Human Resources requirements? Yes: 6-9-10 No: \_\_\_\_\_

Compliance verified by: Mike Stella

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6-24-10 By: *Cal Kraus*

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: *MSF*

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: \_\_\_\_\_