

# CONTRACT ROUTING SHEET

Date Prepared: 3-26-10

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: *David Wilson*

**CONTRACTOR:**

Name: Remi Vista

Address: 393 Park Marina Circle (Mail:

P.O. Box 494100, Redding)

Redding, CA 96001

Phone: 530 245-5805

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Provide Transitional Housing Program – Plus (THP – Plus) services for clients referred by DHS

Contract Term: 7-1-10 to 6-30-11 Contract Value: \$315,360.00

Compliance with Human Resources requirements? Yes: 3-22-10 No: \_\_\_\_\_

Compliance verified by: HR approves moving forward with this contract

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4/5/10 By: *Galbraith*

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

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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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COUNTY COUNSEL

*No Ins Cert's Attached*