Contract #:128-S0911

Date Prepared:	6-12-08	Need Dat	e: 7-03-08	*
PROCESSING D	EPARTMENT:	CONTRA	CTOR:	
Department:	Human Services	Name:	Aspiranet dba As Family Services	pira Foster &
Dept. Contact:	Shirley I. C. Hodgson	Address:		Blvd., #501
Phone #:	X7268		South San Franci	
Department		Phone:	(650) 866-4080	(= 20
Head Signature:	D D D			a.
CONTRACTING I	DEPARTMENT: Human	Services		
	d: Foster care/group hor		requested" basis	
Contract Term: F	Perpetual	Contract Value		0,000
Compliance with H	luman Resources requiren	nents? Yes:	4/24/08 No:	-R.
Compliance verifie	ed by: <u>Review not require</u>	d per Patti Barton (HR	and Jere Copelar	nd (Union)
Approved:	EL: (Must approve all con	Date: 6-		
Approved:	Disapproved:	Date:	18-08 By: 6	d fan
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RISK MANAGEM	ENT: (All contracts and MC	DU's except boilerplate	e grant funding agr	ements)
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OTHER APPROV Departments:	y Hodgson at 7268 to pick AL: (Specify department(s) participating or direct	tly affected by this	Contract)
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C	ONTRAC	ROUTING	G SHEET Pro	time homebuy
PROCESSING DEPAI		CONTRACT	OR:	
Department Human	Services_	Name: Calif	ornia Housing Fin	unce Howney.
Phone # 642-48	an Couth		1 L Strait. 7th	Floor
Department Need	0	Phone:/911	322-1349	
Department Near Signature:	the l	nere . Annual		
		Same Same	- Community S	muce Dimes
Compliance with Huma	in Resources requ	rements? Yes:	No:	CKILLE ENTISIO
Compliance verified by	NIA	•		
COUNTY COUNSEL:	Alust sonome all	contracts and MOI		•
Approved: Dis	sapproved:	Date: 4/11	In addit	· .
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Contract #: 478-S0411 A1

CONTRACT ROUTING SHEET

Date Prepared: 3-11-0	8	Need Dat	e: _4-1-	08		
PROCESSING DEPART	MENT:	CONTRA	CTOR:			
_	n Services	Name:		rust Softwa	re Cor	n
Dept. Contact: Shirley	I. C. Hodgson			Sutter Blvd.,		
Phone #: 642-72				Hill, CA 95		200
Department Humar	n Services	Phone:	(408) 78			m
Head Signature:	ه و ر	-			20	
Dou	ig Nowka, Director				4 80	DORL
CONTRACTING DEPART				•	A POL	000
Service Requested: Am	end Agreement to add 4			Iblic Guardi	an Off	çe.
Contract Term: Perpetua		Contract Value:		\$14,2	254,00	YT
Compliance with Human F	Resources requirements?	Yes:	N/A	No:	F3	2
Compliance verified by:	· · · · · · · · · · · · · · · · · · ·				<u>.</u>	2
COUNTY COUNSEL/ (M Approved:	ust approve all contracts Disapproved:	and MOU's), Date: 4//7	109	By:	With	Кал
	Disapproved:	Date:		- By:	MAA	per
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Please call Shirley Hodgson a	t X7268 to pickup. Thank ye	ou!			10000-0	
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- tank -	Disapproved:	Date:	3/00	By:		MM
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OTHER APPROVAL: (Sp Departments: Information	ecify department(s) partic	cipating or direct	ly affecte	d by this co	ontract)).
	Disapproved:	Date: 3/14/0	12	Du Jan	11	
		Date:		By: Jon	. Sin	mo
				Ву:		

Please call Shirley Hodgson at X7268 to pickup and hand-carry to County Counsel. Thanks.

Contract # 478-S0411

Date Prepared:		Need Date	e: Rissos Austraged by 12/06/04
		CONTRA	CTOR:
PROCESSING D	CAO/Procurement &	Name:	Computrust Software Corp
Department:	Contracts		
Dept, Contact:	Bonnie H. Rich	Address:	18525 Sutter Boulevard Suite 280
Phone #:	5940		400 700 7470
Department Head Signature:		Phone:	408-782-7470
CONTRACTING	DEPARTMENT: Hum	an Services/Publi	c Guardian
Service Requeste	ed: Software, License, and ins	tallation	\$31,091
Contract Torm:	One year, auto renewal	CUILIAGE VAIDO	No:
Compliance with Compliance verifi	Human Resources requirement	s? Yes:	NU
Approved: Approved: <u>Per diam fu</u> 7: " CT 5(SEL: (Must approve all contrac Disapproved:	Date: 1/11 Date: /// Goo / defea ottach cope prepayment of	By: By: A of Bal Policy S ! of Bal Policy S ! of Salvance deposor for lays gatro - notify Bal
MAAAA	ard to Risk Management Thank	You!	
Please FUlwa	MENT: (All contracts and MOU'	s except boilerpja	te grant funding agreements)
Approved:	Disapproved:	Date//	101 - Standy
Approved:	Disapproved:	Date:	By:
Please Call for	r Pick-up. Thank you!		
	VAL: (Specify department(s) pa	articipating or dire	ectly affected by this contract).
Departments: Approved:	Disapproved:	Date:	By:By:

Contract #132-S0911

CONTRACT ROUTING SHEET

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Date Prepared:	6-12-08	Need Dat	te: 7-03-08		
PROCESSING D	EPARTMENT:	CONTRA	CTOR:	nanadi generich te izerze	10/475-31/14
Department:	Human Services	Name:	Creative Alter	matives. Inc.	
Dept. Contact:	Shirley I. C. Hodgson	Address:	2855 Geer Ro		
Phone #:	X7268		Turlock, CA 9		-
Department		Phone:	(209) 668-936		8
Head Signature:	2	r nono.			8
••••			<i>w</i>		13
	DEPARTMENT: Human S	enrices		r	12
	d: Foster care/group home		requested" bas	is :	2º
Contract Term: P	erpetual	Contract Value		\$250,000	-12.
	luman Resources requireme		4/24/08	No:	A.
Compliance verifie	d by: Review not required	ner Patti Barton (HE	2) and Jere Cor	eland (Unior	7
PATTOR: EV EN 7/2 cd 8 ATTOR: EV EN 7/2 cd 8 DEPT. MUDEX NO 00000000000000000000000000000000000	EL: (Must approve all contr Disapproved: Disapproved: <i>Note - vert</i>	Date: 6- Date:	11-08 By: By: NR NR 21		
RISK MANAGEME	NT: (All contracts and MO	U's except boilerplat	e grant funding	agreement	1.00
Approved: <u>V</u>	Disapproved:	Date: <u>(e / 19</u>	7/08 By:	Close	the
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Please call Shirley	Hodgson at 7268 to pick u	p. Thanks.			- <u>1</u>
OTHER ADDROVA	L: (Specify department(s)	participating or direc	tly affected by t	this contract).	
Departments					
Departments:			D		-
Departments: Approved:	Disapproved: Disapproved:	Date: Date:	By: By:		-

Contract #:133-S0911

Date Prepared:	6-12-08	Need Dat	e: 7-03-08	
PROCESSING DE	PARTMENT:	CONTRA	CTOR:	
Department:	Human Services	Name:	Crossroads Treat	ment Center,
Dept. Contact:	Shirley I. C. Hodgson	Address:		ta De#1810
Phone #:	X7268		Citrus Heights, C.	The second s
Department		Phone:	(916) 729-2721	Jo Z
Head Signature: _	RDR			NEN
				PH
CONTRACTING D	EPARTMENT: Human S	ervices		Se co
	: Foster care/group home		requested" basis.	E ZO
Contract Term: Pe	erpetual	Contract Value:		50,000 # 2
Compliance with H	uman Resources requireme	ents? Yes:	4/24/08 No	
Compliance verified	d by: Review not required	per Patti Barton (HR) and Jere Copela	nd (Union)
Approved	EL: (Must approve all contra Disapproved:		E. G. Dun	616
Approved	Disapproved:	Date:	6-08 By: 4	to proge
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	Hodgson at 7268 to pick up			
OTHER APPROVA	L: (Specify department(s) p	participating or direct	ly affected by this	contract).
Departments: Approved:	Disapproved	Detai		
Approved:	Disapproved: Disapproved:	Date: Date:	By: By:	

Contract #:267-S1111

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Date Prepared:	10-21-10	Need Date	: 11-10-10
PROCESSING D	EPARTMENT: Human Services		
Dept. Contact:			Devereux Cleo Wallace
Phone #:	Shirley I. C. Hodgson		8405 Church Ranch Blvd.
	X7268		Westminster, CO 80021
Department Head Signature:	and the	Phone:	303 639 1716
Service Requeste Contract Term: <u>E</u> Compliance with H Compliance verifie	DEPARTMENT: <u>Human Servi</u> d: <u>Foster care/group home servi</u> 3-1-10 - Perpetual Human Resources requirements ed by: <u>Mike Strella of H.R.</u> SEL: (Must approve all contracts Disapproved: <u>Disapproved</u> : <u>Disapproved</u> : <u>Disapproved</u> :	rvices on an "as re Contract Value: ? Yes: s and MOU's)	\$125,000.00 10-15-10 No: 20 26-10 By: 20 By: 20 For exercise director
RISK MANAGEMI Approved: Approved:	TO RISK MANAGEMENT. THANKS! ENT: (All contracts and MOU's Disapproved: Disapproved: Y Hodgson at x7268 to pick up. AL: (Specify department(s) part Disapproved:	except boilerplate Date: <u>10</u> 12 2 Date:	By:
Approved:	Disapproved:	Date:	By:

Contract #:134-S0911

Date Prepared:	9-3-08	Need Dat	te:9-19-08
PROCESSING D	EPARTMENT:	CONTRA	CTOR:
Department:	Human Services	Name:	Excelsior Youth Centers, Inc
Dept. Contact:	Shirley I. C. Hodgson	Address:	
Phone #:	X7268		Aurora, CO 80014
Department		Phone:	(303) 603 1550 13
Head Signature:	2 20	i none.	
rioud eighadaio.		<u></u>	
CONTRACTING	DEPARTMENT: Human S	ervices	
Service Requeste	d: Foster care/group home		requested" basis
Contract Term: I	Perpetual	Contract Value	
	Human Resources requirem		4/24/08 No:
			R) and Jere Copeland (Union)
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COUNTY COUNS	SEL: (Must approve all cont	aets and MOU's)	NO/111 11/1000
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PLEASE FORWARD	TO RISK MANAGEMENT. THAT	NKSI Lilo overent hellevelet	
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_Please call Shirle	y Hodgson at 7268 to pick u	p. Thanks.	SAI
OTHER APPROV	AL: (Specify department(s)	participating or direct	tly affected by this contract
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Contract #:135-S0911

### CONTRACT ROUTING SHEET

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Date Prepared:	6-12-08	Need Da	te: 7-03-08
<b>PROCESSING D</b>	EPARTMENT:	CONTRA	CTOR
Department:	Human Services	Name:	Families for Children Treatment
			Respite Care, Foster Care dba
			Families for Children
Dept. Contact:	Shirley I. C. Hodgson	Address:	
Phone #:	X7268	_	Roseville, CA 95661
Department	$\mathbf{h} = \mathbf{O}$	Phone:	(916) 789-8688
Head Signature:	No		
<b>CONTRACTING I</b>	DEPARTMENT: Human Se	nvices	
Service Requeste	d: Foster care/group home	services on an "as i	requested" basis
Contract Term: F	Perpetual	Contract Value:	
Compliance with H	luman Resources requirement	nts? Yes	4/24/08 No:
Compliance verifie	ed by: <u>Review not required p</u>	er Patti Barton (HR	and lere Copeland (I Inion)
COUNTY COUNS	EL: (Must approve all contra		1.1.
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Please call Shirley	Hodgson at 7268 to pick up.	Thanks.	
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Approved:	Disapproved:	Date:	By:
	Disapproved:	Date:	Ву:

Contract #:136-S0911

Date Prepared:	6-12-08	Need Date	e: 7-03-08
PROCESSING DI	EPARTMENT:	CONTRAC	CTOR:
Department:	Human Services	Name:	Family Connections Christian
		-	Adoptions
Dept. Contact:	Shirley I. C. Hodgson	Address:	1120 Tully Road
Phone #:	X7268		Modesto, CA 95350
Department	$\gamma \rightarrow 0$	Phone:	(209) 524-8844
Head Signature:	No Del		
CONTRACTING I	DEPARTMENT: Human Ser	vices	
	d: Foster care/group home s		equested" basis.
Contract Term: F		Contract Value:	
	luman Resources requirement		4/24/08 No:
	d by: Review not required pe		) and Jere Copeland (Union)
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	EL: (Must approve all contrac	ts and MOU's)	
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Please call Shirle	y Hodgson at 7268 to pick up.	Thanks.	
<b>OTHER APPROV</b>	AL: (Specify department(s) pa	articipating or direc	tly affected by this contract).
Departments:			
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:

Contract #: 167-S0911

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Date Prepared:	6-11-08	Need Date	: 7-2-08	2
<b>PROCESSING D</b>	EPARTMENT:	CONTRAC	TOR:	2
Department:	Human Services		Family Life Center	5
Dept. Contact:	Shirley I. C. Hodgson		365 Kuck Lane	
Phone #:	X7268		Petaluma, CA 9495	52 5
Department		Phone:	(707) 795-6954	5
Head Signature:	200	_		8 <u>5</u>
Service Requester Contract Term: <u> </u> Compliance with Compliance verifie	Human Resources requirem ed by: <u>Review not required</u> SEL: (Must approve all cont Disapproved: Disapproved:	e services on an "as r Contract Value: ents? Yes: per Patti Barton (HR)	\$250 4/24/08 No: and Jere Copelanc 6	d (Union)
	TØRISK MANAGEMENT. THA	NKS!		· · · · · · · · · · · · · · · · · · ·
RISK MANAGEM	ENT: (All contracts and MO	U's except boilerplate	grant funding agree	ements)
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Please call Shirle	ey Hodgson at 7268 to pick u	up. Thanks.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
OTHER APPROV	AL: (Specify department(s)	participating or direct	y affected by this co	ontract).
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	

Contract #:139-S0911

# CONTRACT ROUTING SHEET

Date Prepared:	0-12-00	Need Date	
PROCESSING D	EPARTMENT:	CONTRA	
Department:	Human Services	Name:	Gateway Residential Programs
Dept. Contact:	Shirley I. C. Hodgson	Address:	1780 Vernon Street, Suite 1
Phone #:	X7268		Roseville, CA 95678 (Mailing:
	X1200		P.O. Box 2258, Fairoaks, CA
			95628)
	······	Phone:	(916) 782-1111
Department	$\gamma \rightarrow 0$	Filone.	(310) 102-1111
Head Signature:			
OONTOAOTINO	DEPARTMENT: Human Ser	vices	
CONTRACTING	DEPARIMENT: Human Ser		requested" basis
Service Request	ed: Foster care/group home s	ervices on an as	Para and the steel basis.
Contract Term: _	Perpetual	Contract Value	
Compliance with	Human Resources requiremen	ts? Yes:	<u>4/24/08</u> No:
Compliance verif	ied by: Review not required po	er Patti Barton (HF	R) and Jere Copeland (Union)
Approved: Approved:	SEL: (Must approve all contrac Disapproved: Disapproved:	Date:	-17-08 By: <u>Ill/hm</u> By:
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Contract #:142-S0911

Date Prepared:	6-12-08	Need Dat	9: 7-03-08	
<b>PROCESSING D</b>	EPARTMENT:	CONTRA	CTOR:	
Department:	Human Services	Name:	Hillcrest Community Services Inc. dba Wilderness Recover Center	
Dept. Contact:	Shirley I. C. Hodgson	Address:	19650 Cove Road	~
Phone #:	X7268		Redding, CA 96099 (Mailing)	6.5
Descrit		-	P.O. Box 993125)	
Department	$\hat{J} = 0$	Phone:	(530) 244-3806	<u> </u>
Head Signature:				£
CONTRACTING I	DEPARTMENT: Human Serv	vices	tion	
	d: Foster care/group home se			$\overline{D}$
Contract Term: F		_ Contract Value:		
	Human Resources requirement		<u>4/24/08</u> No:	
Compliance vention	ed by: Review not required pe	r Patti Barton (HR	) and Jere Copeland (Union)	
COUNTY COUNS	EL: (Must approve all contract		- 10%	
Approved:	Disapproved:		7-08 By: When	
Approved: 2	Disapproved:	Date:	By:	
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Please call Shirle	ey Hodgson at 7268 to pick up.	Thanke		
<b>OTHER APPROV</b>	AL: (Specify department(s) pa			
Departments:	Disconstructu	Deter	D	
Approved: Approved:	Disapproved: Disapproved:	_ Date:	By:	
		Date:	Ву:	

Contract #:425-50911 CONTRACT ROUTING SHEET

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Date Prepared:	10-22-08	Need Date	e: 11-13-08	
PROCESSING D	EPARTMENT:	CONTRAC	CTOR:	P
Department:	Human Services	Name:	Lincoln Child Cent	ler B SCP
Dept. Contact:	Shirley I. C. Hodgson	Address:	4368 Lincoln Aver	
Phone #:	7268	•	Oakland, CA 9460	2
Department		Phone:	510 531 3111	13 20
Head Signature:	2 - C - ch	· · ·		~~~~
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	DEPARTMENT: Human Servi			<u> </u>
Contract Tormy	d: Foster care/group homes se			
Compliance with I	No stated term Human Resources requirements	Contract Value:		0,000.00
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Compliance verilie	ed by:			
<b>COUNTY COUNS</b>	EL; (Must approve all contracts	and MOU's)		
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Approved:	Disapproved:	Date:	By:	
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ATLED ADDOLLA	ey Hodgson at x7268 to pick up.	PHANKS.	10000 (NOT )	
Departments:	L: (Specify department(s) partic	abaring of <b>dilect</b>	y anected by this c	ontract).
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Contract #: 145-S0911

PROCESSING DEPARTMENT:       Department:       Human Services         Dept.Contract:       Shiftey I.C. Hodgson       Name:       Martin's Achievement Place         Phone #:       X7288       Address:       5240 Jackson Street !:         Department       Head Signature:       Imorth Highlands, CA 95660         CONTRACTING DEPARTMENT:       Human Services         Service Requested:       Foster care/group home services on an 'as requested' basis         Contract Tem:       Perpetual         Contract Tem:       Perpetual         Compliance with Human Resources requirements?       Yes: 4-24-08         Compliance verified by:       Review not required per Patti Barton (HR) and Jere Copeland (Union)         COUNTY COUNSEL:       (Mutt approve all contracts and MOU's)         Apploved:       Disapproved:       Date:       By:         Martin's Achievement To/Risk MANAGEMENT:       HARKSI         RISK MANAGEMENT:       (All contracts and MOU's except bolierplate grant funding forfensed         Approved:       Disapproved:       Date:       By:       Street         Please call Shirley Hodgson at 7268 to pick up. Thanks.       Street       Street       Street         Please call Shirley Hodgson at 7268 to pick up. Thanks.       Street       Street       Street         Street	Date Prepared:	6-12-08	Need Da	te:7-03-08	
Department:       Human Services         Dept. Contact:       Shirley I. C. Hodgson         Phone #:       X7288         Department       Strikey I. C. Hodgson         Head Signature:		EPARTMENT:	CONTRA	CTOR:	·
Dept. Contact:       Shirley I. C. Hodgson       Address:       5240 Jackson Street ::         Phone #:       X7288       Phone #:       North Highlands, CA 95660         Department       Phone:       (916) 338-1001       Phone:         Head Signature:		Human Services			
Phone #:       X7268         Department       Phone #         Head Signature:       Phone:         CONTRACTING DEPARTMENT:       Human Services         Service Requested:       Foster care/group home services on an "as requested" basis         Contract Term:       Perpetual         Contract Term:       Perpetual         Compliance with Human Resources requirements?       Yes: 424-08         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:         Disapproved:       Date:       By:         Multur       -       Witter and String durget         Multur       -       Witter and MoU's except bolierplate grant funding streameder         Multur       Disapproved:       Date:       By:         Witter       Disapproved:       Date:       By:       Streameder         Witter       Disapproved:       Date:       By:       Streameder         Witter	Dept. Contact:	Shirley I. C. Hodason		5240 Jackson Street	
Department       Phone: (916) 338-1001         Head Signature:	Phone #:				
Head Signature:	Department		Dhonoi	North Highlands, CA 95660	2
CONTRACTING DEPARTMENT:       Human Services         Service Requested:       Foster care/group home services on an "as requested" basis         Compliance with Human Resources requirements?       Yes:       4.24-08         Compliance with Human Resources requirements?       Yes:       4.24-08         Compliance with Human Resources requirements?       Yes:       4.24-08         Compliance with Human Resources required per Patti Barton (HR) and Jere Copeland (Union)       COUNTY COUNSEL:         COUNTY COUNSEL:       (Must approve all contracts and MOU's)       Approved:         Approved:       Disapproved:       Date:       By:         Matheway and the second data and the	•	$\gamma \rightarrow O$	Phone:	(916) 338-1001	<u> </u>
Service Requested:       Foster care/group home services on an "as requested" basis       ::::::::::::::::::::::::::::::::::::	olgilataro.				*
Service Requested:       Foster care/group home services on an "as requested" basis       ::::::::::::::::::::::::::::::::::::				77 V C	~
Service Requested:       Foster care/group home services on an "as requested" basis       ::::::::::::::::::::::::::::::::::::	CONTRACTING	DEPARTMENT: Human Sen	vices		$\mathcal{Y}$
Contract Term:       Perpetual       Contract Value:       \$250,000         Compliance with Human Resources requirements?       Yes:       4-24-08       No:       1         Compliance with Human Resources requirements?       Yes:       4-24-08       No:       1         COUNTY COUNSEL:       (Must approved lied per Patti Barton (HR) and Jere Copeland (Union)       Disapproved:       Date:       6/17-3 K       By:       4/46         Approved:       Disapproved:       Date:       6/17-3 K       By:       4/46         Approved:       Disapproved:       Date:       6/17-3 K       By:       4/46         Approved:       Disapproved:       Date:       8y:       4/46       4/46         Approved:       0       0       1/2/3 K       By:       4/46         Approved:       0       0       1/2/3 K       By:       4/46         Approved:       0       0       1/2/3 K       By:       0/4       1/46         Approved:       0       Disapproved:       Date:       0/17/0 S       By:       0/4         By:       0       0       0       0/4       1/2/4       1/2/4       1/2/4       1/2/4       1/2/4       1/2/4       1/2/4       1/2/4	Service Requeste	d: Foster care/group home s			2
Compliance with Human Resources requirements?       Yes: 4-24-08       No:	Contract Term:	Pemetual	Contract Value		<u> </u>
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:       By:       Must approved:         Approved:       Must approved:       Automation of the second pattern of the second	Compliance with	Human Resources requirement			2
COUNTY COUNSEL: (Must approve all contracts and MOU's)         Approved:       Disapproved:       Date:       By:       Aufman         Approved:       Disapproved:       Aufman       Aufman       Aufman         Aufman       Aufman       Aufman       Aufman       Aufman         Aufman       Disapproved:       Date:       (a/1/0/8)       By:       Other         Approved:       Disapproved:	Compliance verific	d by: Peview pot equired a	s / Yes:	<u>4-24-08</u> No:	·
Approved:       Date:       0-17-38       By:				and Jere Copeland (Union)	
Approved:       Date:       0-17-38       By:	<b>COUNTY COUNS</b>	EL: (Must approve all contrac	ts and MOLI'e)		
Approved:       Disapproved:       Date:       By:       By:         Approved:       Disapproved:       Date:       By:       By:         Approved:       Allystic       And sink, Allystic       Allystic       Allystic         Approved:       Allystic       And sink, Allystic       Allystic       Allystic         By:	Approved:	Disapproved:		7.4 2 61/1	
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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!         RISK MANAGEMENT:       (All contracts and MOU's except boilerplate grant funding agreements)         Approved:       Disapproved:       Date:       (a/1)/08       By:       OUTHER APPROVAL:         Approved:       Disapproved:       Dick       Disapproved:       Disapproved:       Disapproved:       Disapproved:       By:       Disapproved:			territoria andre and andre		
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!         RISK MANAGEMENT:       (All contracts and MOU's except boilerplate grant funding agreements)         Approved:       Disapproved:       Date:       (a/1)/08       By:       OUTHER APPROVAL:         Approved:       Disapproved:       Dick       Disapproved:       Disapproved:       Disapproved:       Disapproved:       By:       Disapproved:		and a second			
RISK MANAGEMENT:       (All contracts and MOU's except boilerplate grant funding agreements)         Approved:       Disapproved:       Date:       (a/1)/08       By:       0         Approved:       Disapproved:       Date:       (a/1)/08       By:       0       0         Approved:       Disapproved:       Date:       (a/1)/08       By:       0       0					
RISK MANAGEMENT:       (All contracts and MOU's except boilerplate grant funding agreements)         Approved:       Disapproved:       Date:       (a/1)/08       By:       0         Approved:       Disapproved:       Date:       (a/1)/08       By:       0       0         Approved:       Disapproved:       Date:       (a/1)/08       By:       0       0					
Approved:       V       Disapproved:       Date:       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V </td <td>DISK MANAGEME</td> <td>TYRISK MANAGEMENT. THANKS</td> <td></td> <td></td> <td></td>	DISK MANAGEME	TYRISK MANAGEMENT. THANKS			
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Date:     By:				108 By: 00000	り
Please call Shirley Hodgson at 7268 to pick up. Thanks.	Appioved	Uisapproved:	_ Date:	By: 3	
Please call Shirley Hodgson at 7268 to pick up. Thanks.	······································				
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Please call Shirley Hodgson at 7268 to pick up. Thanks.				11 C	
OTHER APPROVAL:       (Specify department(s) participating or directly affected by this contract)?         Departments:					
OTHER APPROVAL:       (Specify department(s) participating or directly affected by this contract)?         Departments:					
OTHER APPROVAL:       (Specify department(s) participating or directly affected by this contract)?         Departments:	Please call Shirle	ey Hodgson at 7268 to pick up.	Thanks.		
Approved: Disapproved: Date: By:	OTHER APPROVA	AL: (Specify department(s) par	ticipating or direct	ly affected by this contract?	
Approved	Departments.				
Approved:	Approved:	Disapproved:	Date:	Byr	
Dy	Approved:				
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Contract #: 166-S0911

127	Date Prepared:	6-11-08	Need Dat	te: <u>7-2-08</u>	<u></u>
	PROCESSING D	EPARTMENT:	CONTRA	CTOR:	E.
		Human Services	Name:	Milhous Children's S	Services, Inc.
	Dept. Contact:	Shirley I. C. Hodgson	Address:	24077 Highway 49	5
	Phone #:	X7268		Nevada City, CA 95	959
	Department		Phone:	(530) 265-9057	5
	Head Signature:				
	rioud orginature:				· 3
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		DEPARTMENT: Human			<u> </u>
		ed: Foster care/group hom	ne services on an "as		0
	Contract Term: _		Contract Value		000
		Human Resources requiren		<u>4/24/08</u> No:	
	Compliance verifi	ed by: <u>Review not require</u>	d per Patti Barton (HF	R) and Jere Copeland	(Union)
	COUNTY COUNS	SEL: (Must approve all con	tracts and MOU's)		,
	Approved:	Disapproved	Date:	16-DE BU	1 lan
	Approved:	Disapproved:	Date:	<u>6-38</u> By: By:	Jour
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	100000000	MENT: (All contracts and M Disapproved:			ALELLO
		Disapproved: Disapproved:	Date://	By:	
	Approved:		Date.	Dy	
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	Please call Shir	ley Hodgson at 7268 to pick	up. Thanks.		-4
	OTHER APPRO	VAL: (Specify department(s	s) participating or dire	ctly affected by this co	ontract).
	Departments:		· · · · · · · · · · · · · · · · · · ·	- 	
	Approved:	Disapproved:	Date:	Ву:	
	Approved	Disapproved:	Date:	By:	
					<u></u>

Date Prepared:	1-06-09	Need D	ate: <u>1-23-09</u>
PROCESSING D Department	EPARTMENT: Human Services	GONTR Name:	ACTOR: New Millennium Contemporary Management dba New Millennium Eoster Family Agency
Dept. Contact: Phone #: Department	Shiney I. C. Hodgson XV/268	Address	606 *D" Street Marysville, CA*95901
Head Signature:	for Roug now	the second secon	
	DEPARTMENT: Human. d: Eoster care/group from		Paniloerad" basis
Contract Term: C	Continuing until terminated Iuman Resources requirem d-by: Patti Barton of HiR.	Contract Valu	e: NTE \$256,000 per fiscal <u>year \$190,000</u> 12=31-08 No:
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2.19.39 Per	Canty Dunel anaul & Aque	no read to	By: <u>ueuseus change 80 :</u> \$ 250,000 8 4 4 <del>x</del> 250,000 8 4 <del>x</del> 250,000 <del>x</del> 250,0000 <del>x</del> 250,00000 <del>x</del> 250,00000 <del>x</del> 250,000000 <del>x</del> 250,00000000000000000000000000000000000
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2.19.29 PLANE FORWARD RISK MANAGEME Approved:	Cauty Drund anaut of Aque & 100, och	no red to	By: <u>Alustus change 80 :</u> <u>\$1238,000</u> <u>5</u> <u>4</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u>
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Contract #: 165-S0911

Date Pre pared:	6-11-08	_ Need Date	. 7-2-08	$\bigcirc$
<b>PROCESSING D</b>	EPARTMENT:	CONTRAC	TOR:	È
Department:	Human Services	Name:		- 2
Dept. Contact:	Shirley I. C. Hodgson	Address:	3585 Hawver Road, (Ma P.O. Box 1144)	ailing:
Phone #:	X7268		San Andreas, CA 9524	
Department			(209) 754-1249	~
Head Signature:	<u>PCG</u>	<u> </u>		à
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CONTRACTING	DEPARTMENT: Human Ser ed: Foster care/group home s		auested" basis	
Contract Term:	Perpetual	Contract Value:	\$250,000	
	Human Resources requiremen		4/24/08 No:	
Compliance verific	ed by: <u>Review not required per</u>	er Patti Barton (HR)		
COUNTY COUNS	SEL: (Must approve all contrac	cts and MOU's)	in a fill	, ,
Approved:	Disapproved:	Date:	6-08 By: Call	2mg
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RISK MANAGEM	ENT: (All contracts and MOU)	s except boilerplate	grant funding agreeme	A CAL
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Approved:	Disapproved:	Date:'	Ву:	2
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Please call Shirle	v Hodason at 7268 to nick up	Thanke		
OTHER APPROV	ey Hodgson at 7268 to pick up. AL: (Specify department(s) pa	Thanks		DEF 1
OTHER APPROVA	AL: (Specify department(s) pa	articipating or direct	y affected by this contra	DEF 1
OTHER APPROV	ey Hodgson at 7268 to pick up. AL: (Specify department(s) pa Disapproved: Disapproved:	Thanks articipating or direct Date: Date:		DEF 1

Contract #:147-S0911

Date Prepared:	6-12-08	· Need Date:	7-03-08
PROCESSING D	EPARTMENT:	CONTRACTO	R:
Department:	Human Services	Name: Ob	id Foundation
Dept. Contact:	Shirley I. C. Hodgson		32 Sierra Sunset Drive
Phone #:	X7268		cramento, CA 95828
Department			6) 217-0197
Head Signature:	200		platte
	DEPARTMENT: Human Serv		
	d: Foster care/group home se	ervices on an "as requ	ested" basis.
Contract Term: F		Contract Value:	\$250,000
Compliance with I	Human Resources requirements	s? Yes: 4/2	4/08 No:
Compliance verific	ed by: Review not required pe	r Patti Barton (HR) an	d Jere Copeland (Union)
	EL: (Must approve all contract		
Approved:	Disapproved:	$_$ Date: $(-7)^{-c}$	y By: lacking
Approved:	Disapproved:	Date:67_)-c	
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<b>RISK MANAGEM</b>	ENT: (All contracts and MOU's	except boilerplate gr	ant funding agreements V
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Approved:	Disapproved:	Date:	By: G
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_Please call Shirle	y Hodgson at 7268 to pick up.	Thanks.	<b>2</b> 0 mp
<b>OTHER APPROV</b>	AL: (Specify department(s) par	ticipating or directly a	ffected by this contract).
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	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
		<u></u>	

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		Assigned to:	E Knapp
		-	'Contract #:149-S0911
	CONTRACT	ROUTING S	HEET
Date Prepared:	10-22-08	_ Need Da	te: <u>11-13-08</u>
PROCESSING D	EPARTMENT:	CONTRA	ACTOR:
Department:	Human Services	Name:	One Day, Inc. dba Southpoint Homes
Dept. Contact:	Shirley I. C. Hodgson	Address:	9149 Gerber Road (Mail: P.O. Box 293809) Sacramento, CA
Phone #:	7268	-	95829
Department		Phone:	916 601 3561
Head Signature:	220		
		-	
	DEPARTMENT: Human Se		
Service Requeste	ed: Foster care/group homes	services on an "a	s requested" basis
Contract Term: _	No stated term	Contract Value	
Compliance with	Human Resources requiremen	nts? Yes:	No:
Compliance verifi			No
COUNTY COUNS	SEL: (Must approve all contra	cts and MOU's)	
Approved:	Disapproved:	Date: 10-	24-08 By: 21 fra
Approved:	Disapproved:	Date:	By:
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Approved:	Disapproved:	Date:	By:
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Please call Shirle	y Hodgson at x7268 to pick up	). Thanks	
Departments:	AL: (Specify department(s) pa	articipating or direc	tly affected by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:

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			Contract #:105	2-§0811
	CONTRACT	<b>ROUTING SH</b>	EET	
Date Prepared:	8-8-08	Need Date:	8-22-08	
PROCESSING E		CONTRAC	FOR:	×
Department:	Human Services	Name:(	Open Lines Group Homes	s, Inc?
Dept. Contact:	Shirley I. C. Hodgson	Address: 4 (	625 Mountain Lakes Bly Mail: P.O. Box 992197,	Nd:
Phone #:	7268	<u>1</u>	Redding, CA 96099)	-65
Department	~	Phone: 5	Redding, CA 96003 30 241-5178	
Head Signature:	Bung		30 24 1-5178	land
CONTRACTING		ervices	ر د 1	B.
Service Requeste	ed: Foster care/group home	services on an "as rea	uested" hasis	
Contract lerm:	Perpetual	Contract Value	\$500,000.00	18
Compliance with	Human Resources requireme	ents? Yes:	/24/08 No.	
Compliance verifi	ed by: <u>Review not required</u>	per Patti Barton (HR)	and Jere Coneland (Unio	n)
Approved:	SEL: (Must approve all contr Disapproved: Disapproved: Sources Starle * Accuston autority a	Date: <u>8-12</u> Date: <u></u> <u>Date:</u> <u>Lefect p P.A. by</u>	By: Calfan By: Hes.	
PLEASE FORWARD RISK MANAGEM Approved:	TO RISK MANAGEMENT. THAN ENT: (All contracts and MOU Disapproved:	IKSI J's except boilerplate g Date: Stirtio	rant funding agreements By:	 
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_Please call Shirle OTHER APPROV Departments:	y Hodgson at 7268 to pick up AL: (Specify department(s) p	<ul> <li>Thanks</li> <li>Darticipating or directly</li> </ul>	affected by this contract)	
Approved:	Disapproved:	Date:	D	
Approved:	Disapproved:	Date:	By: By:	<u> </u>
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Contract #: 754-S0911

Date Prepared	: 4-2-09		
	DEPARTMENT:	CONTRACTOR:	
Department	Human Services	Name: Provo Canyon School, Inc.	Terrait
Dept. Contact:	Shirley I. C. Hodgson	Address: 1350 East 750 North	
Phone #:	X7268	Orem, UT 84097	
Department		Phone: 801 227 2100	
Head Signature	" A D R		
	G DEPARTMENT: Human		
Service Reques	ted: Foster care/group hom	e services on an "as requested" basis	
Contract Term:	Gentinues until terminated	Mi Contract Value: \$100,000.00	\$100,0
Compliance with	h Human Resources requirem	vents? Yes: 4-2-09 No:	
Compliance ver	ified by: <u>Cheryl Dorosh at H</u>	uman Resources	
COUNTY COUL	NSEL: (Must approve all con	racts and MOU's)	
Approved:	Disapproved:	Date: 4.6.09 By: 611/10	*
Approved:	Disapproved:	Date: By:	
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RISK MANAGE Approved:	RO TO RISK MANAGEMENT. THA MENT: (All contracts and MC Disapproved:	NKSI Date:By:	
RISK MANAGE Approved:	RO TO RISK MANAGEMENT. THA MENT: (All contracts and MC Disapproved:	NKSI Date:By:	
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Contract #:15/--S0911

Date Prepared:	6-12-08	Need Date	e: 7-03-08	
PROCESSING D		CONTRAC	CTOR:	
Department:	Human Services	Name:	R House, Inc.	
Dept. Contact:	Shirley I. C. Hodgson	Address:		d (Mailing: P.C Rosa, CA
Phone #:	X7268		Santa Rosa, CA	95400
Department		Phone:	(707) 571-2215	· · ·
Head Signature:	Ded	-	(107)071-2210	
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CONTRACTING	DEPARTMENT: Human S	ervices		
Service Requeste	d: Foster care/group home	e services on an "as r	equested" basis.	A
Contract Term:	Perpetual	Contract Value:		50,000
Compliance with I	Human Resources requireme	ents? Yes:	1/21/09 No	
Compliance verific	ed by: Review not required	per Patti Barton (HR)	and Jere Copela	nd (Union)
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COUNTYCOUNS	EL: (Must approve all contr	acts and MOU's)		1.1
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Contract #173-M1111

Date Prepared:	November 1, 2010	Need Dat	e: <u>Asap</u>		
<b>PROCESSING D</b> Department:	EPARTMENT: Human Services	<b>CONTRA</b> Name:	CTOR: Sacramento A Governments	the state of the second state of the	il of
Dept. Contact:	DeAnn Osborn	Address:	1415 L Street	Suite 300	
Phone #:	X7338		Sacramento,		
Department		Phone:	916/340-6226		<u> </u>
Head Signature:	Charles Nieton				
riede eigneterer	Daniel Nielson, Director			• ÷	
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CONTRACTING	DEPARTMENT: Human Service	38			
Service Requeste	ed: Lifeline Transportation Study			-	
Contract Term:	Upon execution-No end term	<b>Contract Value</b>	•	\$0.00	
Compliance with Compliance verifi	Human Resources requirements? ed by:	Yes:	<u>N/A</u>	No:	
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Approved:		Date:	By:	· · · · · ·	
	Please contact DeAnn Oeborn (X7338)	to arrange for p	cityp. Thank yo	ul	

ASSIGNMENT DATE: <u>3/9/98</u> ATTORNEY <u>2000</u> DEPT./INDEX NO. <u>523</u> SUBMITTED BY: DEPARTMENT <u>Community Services</u> CONTACT PERSON John Litwinovich	CONTRACTOR: NAME <u>South Tahoe Public Utility Dis</u> trict 1275 Meadow Crest Drive
CONTACT PHONE #6163	PHONE # 530-544-6474
1. ORIGINATING DEPT         HAZARDOUS-ROUTE TO RISK MGT.         NON-HAZARDOUS-ROUTE TO COUNTY COUNSEL         BY:       JBBBBTB         DATE:       3/9/98	2. COUNTY COUNSEL REVIEW          DISAPPROVED         BY:       MSTNOP         DATE:       31098         COMMENTS:       200 allached         MUMBIANAUM.       DPC         BY:
1a. RISK MANAGEMENT REVIEW OF         HAZARDOUS CONTRACTS         APPROVED         DISAPPROVED         BX:         PATE:         DATE:         DOMMENTS:         DOMMENTS:	3. COUNTY APPROVAL BOARD OF SUPERVISORS SIGNED BY CHAIRMAN ON: MAILED BY BOARD OFFICE ON: BY: PURCHASING SIGNED BY PURCHASING AGENT ON:

RISK MANAGEMENT is exempt from review if the contract is non-hazardous. Following County Counsel review contract should be returned to submitting department.

COMMENTS:__

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#### INTEROFFICE MEMORANDUM

#### COUNTY COUNSEL

- TO: John Litwinovich Community Services Director
- FROM: Thomas R. Parker MPP Deputy County Counsel
- DATE: March 10, 1998
- RE: Review of Memorandum of Understanding ("MOU") with South Tahoe Public Utility District ("STPUD") for Helping Hands Outreach Program

I have reviewed the attached MOU with STPUD for the abovementioned prgram in the South Lake Tahoe region. I have the following comments:

1. What is the district criteria for the program and should it be attached to the MOU to insure that all parties know what kind of program recipients will be served?

2. Should there be a sum certain (if one exists) for the "available funds" to be used for the program per paragraph 2(c)? Or is the amount available always changing such that a sum certain cannot be identified?

3. Please note that the program symbol ("HO") is cited as "HO" in paragraph 2(a), a typographical error I suspect.

Please contact this office if you have any questions regarding this matter.

TRP Memoform.wpd

#### EL DORADO COUNTY

#### DEPARTMENT OF COMMUNITY SERVICES

John Litwinovich Department Director

937 Spring Street Placerville, CA 95667 (530) 621-6150 3368 Lake Tahoe Blvd. Suite 202 South Lake Tahoe, CA 96150 (530) 573-3490

#### MEMO

TO: FROM:	El Dorado County Board of Supervisors John Litwinovich, Community Services Director
DATE:	March 11, 1998
SUBJ:	Response to County Counsel Comments on Agenda Item

Title: South Tahoe Public Utility District Helping Hands Outreach (H2O) Program MOU

Comment #1:

MOU Section 1a. states that "District shall establish and provide to Department eligibility criteria for applicants to the Helping Hands Outreach (H²O) Program at the Program inception and shall amend this criteria as necessary."

#### Comment #2:

The funding level is based on donations. MOU Section 1f. states that "District shall provide Department with a mutually agreeable notification of the amount of funds available within the Helping Hands Outreach (H²O) Program."

Comment #3:

It has been confirmed that this is a typo.

A Ben CONTRACT	TTACHMENT C SERVICES (IHSS) PROVACE HEHLTH NEFITS WITH SYMETRA LIE FOS. CO TROUTING SHEET
PROCESSING DEPARTMENT: IHSS Department: <u>HUMAN SERMAG</u> Dept. Contact: <u>JOHN LITWINONCE</u> Phone #: <u>(530) Col63</u> Department Head Signature: <u>()</u>	/ CONTRACTOR: Name: <u>SYMETR A LIFE</u> INS. Company
CONTRACTING DEPARTMENT: Compliance with Human Resources required by:	uirements? Yes: No:
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Contract #:157-S0911

	6-12-08	Need Date:	7-03-08
PROCESSING DE	PARTMENT:	CONTRACTOR	
Department:	Human Services		be Turning Point
	Shirley I. C. Hodgson	Address: P.O.	Box 17509
Phone #:	X7268	Sout	th Lake Tahoe, CA 96151
Department	X1200		) 541-4594
Head Signature:	DC	_	The second second
CONTRACTING [	DEPARTMENT: Human Se	rvices	
Service Requester	d: Foster care/group home	services on an as reque	ested Dasis.
Contract Term: F	Perpetual	Contract Value:	\$250,000
Compliance with H	luman Resources requirement	nts? Yes: <u>4/24</u>	4/08 No:
Compliance verific	ed by: <u>Review not required p</u>	per Patti Barton (HR) and	Jere Copeland (Union)
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Contract #: 164-S0911

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Department:       Human Services       Name:       Tribal Economic & Social, Solutions Agency, Ins.:         Dept. Contact:       Shirley I. C. Hodgson       Address:       2641 Cottage Way, Suite 2         Phone #:       X7268       Phone #:       Solutions Agency, Ins.:         Department       Head Signature:       Address:       2641 Cottage Way, Suite 2         CONTRACTING DEPARTMENT:       Human Services       Sacramento, CA 95825       Sacramento, CA 95825         Contract Term:       Pepteulal       Contract Value:       \$250,000.00         Compliance with Human Resources requirements?       Yes:       4/24/08       No:         Compliance werified by:       Review not required per Patti Barton (HR) and Jere Copeland (Union)       COUNTY COUNSEL:       More:       Date:       By:       More:         Approved:       Disapproved:       Date:       bold for the second bart with a second bart w	<b>PROCESSING D</b>	EPARTMENT:	CONTRACT	OR:
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Phone #:       X7268       Sacramento, CA 95825         Department       Phone #:       (916) 485-2600         Head Signature:	Dopulation		S	olutions Agency, Inc.
Phone #:       X7268       Sacramento, CA 95825         Department       Phone :       (916) 485-2600         Head Signature:	Dept Contact:	Shirley I. C. Hodason	Address: 2	641 Cottage Way, Suite 2
Department       Phone: (916) 485-2600         Head Signature:	•			
Department:		X1200		
CONTRACTING DEPARTMENT:       Human Services         Service Requested:       Foster care/group home services on an "as requested" basis.         Contract Term:       Perpetual       Contract Value:       \$250,000.00         Compliance with Human Resources requirements?       Yes:       4/24/08       No:         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:       By:         Approved:       Disapproved:       Date:       By:       Must         Approved:       Monte:       August:       Must       Must         Approved:       Monte:       August:       Must       Must         Approved:       Monte:       August:       Must       Must         Approved:       Must       Must       Must       Must       Must         Approved:       Q       Must       Must       Must       Must       Must         PLESEECONMARD TO RISK MANAGEMENT:       THANKSI       Must       Must       Must       Must       Must       Must	•	$\mathbf{b}$	<u> </u>	
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### Contract #: Surplus Property Donation Agreement CONTRACT ROUTING SHEET EI Dorade County

Jate Prepared:	12/02/03	Need Dat	ite: P	LEASE R	USH	
PROCESSING		CONTRA	ACTOR:	1	11	
•	General Services	Name:				
Dept. Contact:	Bonnie H. Rich	Address:		ove "Boile ement		
Phone #:	5940	-				
Department	K	Phone:		· · · · · · · · · · · · · · · · · · ·		
Head Signature:	Pinnig lich					
	DEPARTMENT: Gen	eral Services/Proc	cureme	nt and Con	tracts	
Service Request	ed: Donation of Surplus Prope	erty Agreement				· · · · ·
Contract Term: _		Contract/Amend	dment \	/alue:		
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Contract #:162-S0911

Date Prepared:	6-12-08	Need Date	7-03-08	
<b>PROCESSING D</b>	EPARTMENT:	CONTRAC	TOR:	
Department:	Human Services	Name:	Wide Horizons	Ranch, Inc.
	Shirley I. C. Hodgson	Address:	27442 Oak Ru	in to Fern Road
-	X7268		Oak Run, CA	96069
Department			(530) 472-322	
Head Signature:	2 2 9			5. 2
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	DEPARTMENT: Human Ser			<u> </u>
	ed: Foster care/group home s	ervices on an "as r		
Contract Term:		Contract Value:		\$250,000
Compliance with	Human Resources requirement	ts? Yes:	4/24/08	No:
Compliance verifi	ed by: Review not required pe	er Patti Barton (HR)	and Jere Cop	eland (Union)
	SEL . (Must approve all contros	to and MOLI's)		. /
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	Disapproved:	Date:0-7	By:	mpray
Approved:			Uy.	
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_Please call Shirl	ey Hodgson at 7268 to pick up.	. I NANKS.	the offected here	this contract)
	AL: (Specify department(s) pa	anicipating or direct	anected by	this contract).
Departments:	Ola series de	Deter	<b>P</b>	40 
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	Ву:	