Contract #: Various

## CONTRACT ROUTING SHEET

Date Prepared:	5-3-11	Need Date: 5-5-11			
PROCESSING DI Department:	EPARTMENT: Human Services	CONTRA Name:		e for 84 Group	
Dept. Contact: Phone #:	Shirley I. C. Hodgson X7268	Address:		- See attached list	
Department Head Signature:	and l'uso	Phone:			
	DEPARTMENT: Human Service				
Service Requested: Foster care/group home service Contract Term: Perpetual C		Contract Value:			
	duman Resources requirements ded by: Mike Strella	? Yes:	3/29/11	No:	
	EL: (Must approve all contracts  Disapproved:	and MOU's)	77-11	BV: 61/6	
Approved:	Disapproved:	Date:	1/201	Ву:	
RISK MANAGEME	TO RISK MANAGEMENT. THANKS!  ENT: (All contracts and MOU's e				
Approved:	Disapproved:	Date: 5/18		By:	
Please call Shirley	Hodgson at x7268 to pick up. T	hanks.			
OTHER APPROVA	AL: (Specify department(s) part	_ icipating or direc	ctly affected	by this contract).	
Approved:	Disapproved:	Date:		Ву:	
Approved:	Disapproved:	Date:		Ву:	
				11 0467 A 1 of 1	

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