## CONTRACT ROUTING SHEET

Date Prepared: 3/12/13
PROCESSING DEPARTMENT:
Department: HHSA/Social Services
Dept. Contact: Heather Longo
Phone \#:
Department
Department
Head Signature

## Need Date:

CONTRACTOR:
Name: Guiding Our Youth
Address: 1197 E. Los Angeles Ave. Ste C Simi Valley, CA 93065
Phone: 213-923-6408

CONTRACTING DEPARTMENT: Health and Human Services Agency/Social Services Div. Service Requested: Emergency Shelter Care and/or foster care services.
Contract Term: 8/23/11-8/22/44-Perpetual Contract/Grant Value: $\$ 200,000$ 300,000
Compliance with Human Resources requirements? N/A _ Yes X No:
Compliance verified by: Mike Strella approved original contract
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Comdt Disapproved
Approved: Disapproved:
Date:
$3 / 22 / 13$ Date: $\qquad$


## PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: $\checkmark$ Disapproved:
Approved:
Disapproved:
Date:
Date:
By:


Please contact Heather Logo $\times 7373$ for pick-up. Thanks.
OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department. Departments: Probation


