Contract #: 301-S0611, AMD I

CONTRACT ROUTING SHEET

RECEIVED

Date Prepared:	10/19/04	Need Date:	OCT 1 9 2006
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	CAO/Proc. & Contracts Pam Carlone 5833	Address: 714 Gra Phone: 477	7/1
Contract Term: E	d: Foster Care Services "as re Expires 3/13/08 Human Resources requirements	Amendment Value:	\$60,000 No:
DATE 10/23/202 6 STIGNMENT DATE 10/23/202 6 STITORNEY CT KN M PLOS DEPTINDEX NO. 02/6/06 SY	EL: (Must approve all contract Disapproved: Disapproved: TO RISK MANAGEMENT. THANKS	Date:/0-2	Gob By: Galfing By:
RISK MANAGEM	ENT: (All contracts and MOU's Disapproved: Disapproved:	except boilerplate gra	ant funding agreements) Ale By: By:
OCT 2 6 2006 OTHER APPROV Departments:	AL: (Specify department(s) par		
Approved:	Disapproved: Disapproved:	_ Date: Date:	By: