

# CONTRACT ROUTING SHEET

Date Prepared: 3-5-09Need Date: 3-31-09**PROCESSING DEPARTMENT:**Department: Human Services**CONTRACTOR:**Name: AASK America, Inc. dba Adopt A Special KidAddress: 8201 Edgewater Drive, #103  
Oakland, CA 94621Phone: 510 553-1748Dept. Contact: Shirley I. C. HodgsonPhone #: X7268

Department: \_\_\_\_\_

Head Signature: **CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basisContract Term: From date of execution until terminated Contract Value: \$100,000 ea fiscal yearCompliance with Human Resources requirements? Yes: 3-5-09 No: \_\_\_\_\_Compliance verified by: Cheryl Dorosh, Human Resources**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: ✓ Disapproved: \_\_\_\_\_ Date: 3-10-09 By: 

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

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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: 3/12/09 By: 

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

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: \_\_\_\_\_