Contract #:148-S0911

CONTRACT ROUTING SHEET

Date Prepared: 3-5-09 **Need Date:** 3-31-09

PROCESSING DEPARTMENT:
Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: X7268
Department Head Signature:

CONTRACTOR:
Name: Olive Crest Treatment Centers
Address: 2130 E 4th Street, Suite 200
Santa Ana, CA 92705
Phone: 714 543-5437

CONTRACTING DEPARTMENT: Human Services
Service Requested: Foster care/group home services on an "as requested" basis
Contract Term: From date of execution until terminated Contract Value: $100,000 ea fiscal year
Compliance 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:

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:

09-0469.B.1.1.1

Rev. 12/2000 (GS-GVP)