CONTRACT ROUTING SHEET

Date Prepared:	3-26-10	_ Need Dat	e: ASAP		
PROCESSING D	EPARTMENT:	CONTRA	CTOR:		
Department:	Human Services	Name:			
Dept. Contact:		_ Address:		larina Circle (Mail:	
•	3		P.O. Box 494100, Redding)		
Phone #:	X7268	_	Redding, C		
Department	1 1 1	- Phone:	530 245-58		
Head Signature:	Janul / /ukon	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	000 240 00	00	
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	DEPARTMENT: Human Se				
Service Requeste	ed: Provide Transitional Hous	sing Program – Plu	s (THP - Plu	is) services for	
	clients referred by DHS		`	,	
Contract Term: 7		Contract Value	•	\$315,360.00	
Compliance with I	Human Resources requiremer	nts? Yes:	3-22-10	No:	
Compliance verific	ed by: HR approves moving	forward with this co	ontract		
COUNTY COUNS	SEL: (Must approve all contra	cts and MOU's)		/ /	
Approved:/	Disapproved:		(-10 E	BV: Whan	
Approved:	Disapproved:	Date:	,	By: Mhay	
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				Service Control	
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				FT:	
				-	
PLEASE FORWARD	TO RISK MANAGEMENT. THANK	(e)			
RISK MANAGEM	ENT: (All contracts and MOU	's except boilerplat	e.arant fundi	ng agreements	
Approved:	Disapproved: U			y: ///	
Approved:	Disapproved:	Date: 4		y MIST	
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		MI	delife		
		7,00	- fire		
		Thanks			
Please call Shirley	Hodgson at x7268 to pick up.	maino.			
OTHER APPROV	 Hodgson at x7268 to pick up. AL: (Specify department(s) page 1 	articipating or direc	tly affected b	y this contract).	
OTHER APPROV Departments:	AL: (Specify department(s) pa	articipating or direc	tly affected b	y this contract).	
Please call Shirley OTHER APPROV Departments: Approved:	AL: (Specify department(s) pa	articipating or direc			
OTHER APPROV Departments:	AL: (Specify department(s) pa Disapproved: Disapproved:	articipating or direction Date: Date:	tly affected b	y:	