

Internal Contract No: A3 - 053-110-P-E2010

Purchasing Contract No: 003-S1110

Index Code: 404131, 404136

CONTRACT ROUTING SHEET

Date Prepared: 9/20/11

Need Date: 10/4/11

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health

Dept. Contact: Kathy Lang x 6362

2nd Contact: Tom Michaelson

Department Head Signature: [Signature]

Daniel Nielson, MPA Acting Director

CONTRACTOR:

Name: Family Connections

Address: 344 Placerville Dr, Suite 10

Placerville, CA 95667

Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Amendment to AOD Counseling Agmt extending term to match funding grant

Contract Term: 7/1/10 - 6/30/12 Contract Value: \$21,512.00 FY 2011-12

Compliance with Human Resources requirements? Yes No:

Compliance verified by: Feasibility Analysis Attached

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Condit Disapproved: _____ Date: 9/26/11 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

Conditional Approval - per Beck (u) survival manual from original done 9/29/11 Kiba

2011 SEP 20 PM 22
EL DORA COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT, THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 9/28/11 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

Make sure to get the new insurance certificates as these expire in Nov/Dec. 2011.

RECEIVED
HUMAN RESOURCES DEPT.
11 SEP 27 PM 3:24

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 9/1/11
Program Manager Date

[Signature] 9/2/11
Finance Date