

Contract #: FENIX Pending (Internal Ams-43)
Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared: 12/21/17

Need Date: 1/2/18

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Lisa Konyecsni
Phone #: X 6901
Department
Head Signature: Patricia Charles-Heathers

CONTRACTOR:

Name: Progress House, Inc.
Address: 2844 Coloma Street
Placerville, CA 95667
Phone: (530) 626-8992

Patricia Charles-Heathers, Ph.D., M.P.A., Director

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Substance abuse treatment services and transitional housing
Contract Term: Upon execution - 3 years Contract/Grant Value: \$ 1,000,000.00
Compliance with Human Resources requirements? N/A Yes x No: _____
Compliance verified by: Human Resources/ 11/13/17

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

Approved: X Disapproved: _____ Date: 12/21/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2017 DEC 21 PM 1:07

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ Disapproved: _____ Date: 12-22-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____

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

Please contact Lisa Konyecsni x6901 with questions or for contract packet pick-up. Thank you!

Chief Fiscal Officer: [Signature] Date: 12/14/17

Deputy Director, Administration and Contracts: [Signature] Date: 12/13/17

A/P or A/R Mgr Approval: [Signature] Date: 12/14/17

Contracts ASO Approval: [Signature] Date: 12/13/17

PM 1:04 HR/RM DEC 22 '17