

CONTRACT ROUTING SHEET

Date Prepared: ~~09/06/2011~~ 10/5/11 *DA*

Need Date: ~~09/16/2011~~ *DA* **Rush Please**
(FYI: BOS 10/11/11 meeting; Due to CAO 9/22/11)
CONTRACTOR: *Bos 10/1/11 11-1/107* **CAO 10/13/11 Thank you!**

PROCESSING DEPARTMENT:
Department: Probation Department
Dept. Contact: Diane Hofsommer
Phone #: x5957
Department Head Signature: *[Signature]*

Name: New Morning Youth & Family Services, Inc.
Address: 6765 Green Valley Rd
Placerville, CA 95682
Phone: 530-622-5551 x122

CONTRACTING DEPARTMENT: Probation Department
Service Requested: Contractor to provide on-site counseling services and support to Probation Department Juvenile Hall in Placerville

Contract Term: One year Contract Value: \$90,000.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Requested review by HR and Local 1 (see attached)

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: Date: 10/6/11 By: *[Signature]*
Approved: Disapproved: Date: By:

- DA* ✓ ① See comments page 2 of 19
- DA* ✓ ② Consider adding a provision whereby Contractor
 - Ⓐ Represents that all persons performing services are properly licensed ^{or} certified to perform the services; and
 - Ⓑ All employees providing services shall keep and maintain the appropriate licenses or certifications in good standing while performing services hereunder. *[Signature]*

EL DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: Date: 10/10/11 By: *KLR*
Approved: Disapproved: Date: By:

RECEIVED HUMAN RESOURCES DEPT. 10 OCT -6 PM 5:47

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____