

Internal Contract No: A2 - 087-110-P-E2010  
 Purchasing Contract No: 002-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  
 2<sup>nd</sup> Contact: Tom Michaelson  
 Department Head Signature: *[Signature]*

Daniel Nielson, MPA Acting Director

**CONTRACTOR:**

Name: New Morning Youth & Family  
 Address: 6765 Green Valley Road  
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: \$54,431.00 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: *[Signature]* Disapproved: \_\_\_\_\_ Date: 9/20/11 By: *[Signature]*  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Conditional approval - put back in survival provisions from original contract Done 9/29/11 K. Lang*

EL DORADO COUNTY COUNSEL  
2011 SEP 20 PM 1:23

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: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT.  
11 SEP 27 PM 4:21

**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