Contract #:

308-S1211 A4

12-0132 4A 1 of 1

Index Code:

530500

CONTRACT ROUTING SHEET

Date Prepared:		Need Da	Need Date:		
PROCESSING D			CONTRACTOR:		
Department:	HHSA/SSD	Name:	New Leaf Counseli	ng Services	
Dept. Contact:	Laura K Walny	Address	: 1254 High Street	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Phone #:	X7118	·	Auburn, CA 95603		
Department		Phone:	530-889-9195		
Head Signature:	9.cels			<u>\$</u>	
	Don Ashton, M.P.A.,			*	
	Director				
CONTRACTING	DEPARTMENT: HHSA/Soci	al Services Divis	sion		
Service Request	ed: Therapeutic Counseling, F				
Contract Term: <u>2/28/12-2/27/17</u>			Contract/Grant Value: _\$300,000.		
Compliance with	Human Resources requiremen	ts? N/A	Yes <u>x</u>	No:	
Compliance verif	ied by: Judie Engel 6/15/15		······································	***************************************	
COUNTY COUN	SEL: (Must approve all contrac	ste and MOLI's)		m	
Approved:			6/15 By: PF	1/2 5	
		Date: <u>-/μ</u> ε Date:	By:		
Approved:	Disapproved:	Date	Dy.	/ 	
				\(\frac{8}{2}\)	
				- 2 - 1	
				8 8	
	PLEASE FORWARD TO RIS	SK MANAGEMENT	THANK YOU	<u> </u>	
RISK MANAGE!	MENT: (All contracts and MOU			eements)	
Approved:	Disapproved:		15/15 By: 44		
Approved:	Disapproved:	Date: <i>/,</i>	By:	gazan	
Approved.	Disappioved.	Date.	Dy.	AS PA	
OTHER APPRO	VAL: (Specify department(s) p	articinating or di	rectly affected by this		
	et that involves the development, insta				
	on, the acquisition of software or co				
	hose that involve computers and tele				
Counsel. This also	applies to any other contract that requ	ires approval from	another department.		
Departments: _					
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:		
Please co	ntact Laura K. Walny x 7118 with q	uestions or for co	ntract packet pick-up. Th	ank you!	
Chievia.	Mrs alolie		and the second s	(0/201.	
CFO Review/Date	110/13	Ass't Director	idmin/Finance	0/27/63	
or o review/ Date		BP+Y D	He det Adams.	1	
	110			1 COUNGLYS	