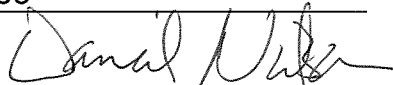


CONTRACT ROUTING SHEET

Date Prepared: 12-6-11

Need Date: 12-27-11

PROCESSING DEPARTMENT:

Department: Health & Human Svc Agency
Dept. Contact: Shirley I. C. Hodgson
Phone #: X7268
Department
Head Signature: 


CONTRACTOR:

Name: EDCA Lifeskills
Address: 893 Spring Street
Placerville, CA 95667
Phone: 530 622-8193

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Therapeutic counseling and substance abuse testing services
Contract Term: 4-26-10 through 4-25-13 Contract Value: \$100,000.00
Compliance with Human Resources requirements? Yes: 12-1-11 No: _____
Compliance verified by: Mike Stella

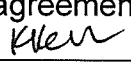
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 12-7-11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
LEONARDO COUNTY COUNSEL
2011 DEC -7 AM 11:11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 12/8/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT.
11 DEC -8 AM 9:29

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

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