

Purchasing Contract No: A5 to 003-S1110  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: 6/20/12

Need Date: 7/5/12

**PROCESSING DEPARTMENT:**  
Department: HHSA / Public Health  
Dept. Contact: Kathy Lang  
Phone #: X 6362  
Department Head Signature: *Daniel Nielson*  
Daniel Nielson, M.P.A., Director

**CONTRACTOR:**  
Name: Family Connections El Dorado  
Address: 2860 Smith Flat School Road  
Placerville, CA 95667  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency - PHD  
Service Requested: Alcohol and Other Drug Counseling Services  
Contract Term: 7/1/10 - 6/30/12 Contract Value: \$129,867  
Compliance with Human Resources requirements? Yes x No: \_\_\_\_\_  
Compliance verified by: Feasibility Analysis attached

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: Cond'l Disapproved: \_\_\_\_\_ Date: 6/21/12 By: *[Signature]*

cond'l approval w/ proposed revisions  
*Dne Foley*

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-21-12 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGER**  
**EL DORADO COUNTY**

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

*ARRO* 6/18/12  
Contracts Review/date

*R. Webb* 6/19/12  
Contracts Mgr Review/date

EL DORADO COUNTY COUNSEL  
2012 JUN 20 PM 4:55  
RECEIVED  
HUMAN SERVICES DEPT.  
21 PM 4:11