

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Public Health  
 Dept. Contact: Dan Buffalo  
 Phone #: 621-6226  
 Department Head                      Date: October 24, 2007  
 Signature: *[Handwritten Signature]*

**CONTRACTOR:**

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

**CONTRACTING DEPARTMENT:** Public Health

Compliance with Human Resources requirements? Yes X No           

Compliance verified by: HR and Local 1

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

Approved:            Disapproved:            Date: 11/9/07 By: *[Handwritten Signature]*  
 Approved:            Disapproved:            Date:            By:           

2007 OCT 26 PM 5:39  
 EL DORADO COUNTY COUNSEL  
*[Handwritten Signature]*

ASSIGNMENT  
 DATE: 10/31/2007  
 ATTORNEY: LESLEY GAMES  
 DEPT./INDEX NO.: 404131  
 BY: *[Handwritten Initials]*

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

Approved:            Disapproved:            Date: 11/13/07 By: *[Handwritten Signature]*  
 Approved:            Disapproved:            Date:            By:           

RECEIVED  
 HUMAN RESOURCES DEPT  
 07 NOV 13 AM 10:04

*Please secure proof of updated WC coverage before proceeding with contract services.*

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

Approved:            Disapproved:            Date:            By:             
 Approved:            Disapproved:            Date:            By: