

CONTRACT ROUTING SHEET

Date Prepared: 8-23-11

Need Date: 9-13-11

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: X7268
Department
Head Signature: *Shirley I. C. Hodgson*

CONTRACTOR:

Name: Jill Gustafson, LCSW
Address: 493 Main Street, Suite D
Diamond Springs, CA 95619
Phone: (530) 644-8013

CONTRACTING DEPARTMENT: Human Services

Service Requested: Provide psychotherapy and therapeutic visitation services for clients of DHS on an "as requested" basis.

Contract Term: 9-24-09 through 9-23-12 Contract Value: \$100,000
Compliance with Human Resources requirements? Yes: 8-18-11 No: _____
Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: _____ Date: 8/25/11 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2011 AUG 25 AM 10:12

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 8/31/11 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT.
11 AUG 30 PM 3:49

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: _____