

Contract #: 320-S1110 A2
Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared: 4/1/13

Need Date: 4.17.13 HW

PROCESSING DEPARTMENT:

Department: HHS/SSD
Dept. Contact: Heather Longo
Phone #: X7373

CONTRACTOR:

Name: Donelle Anderson
Address: 1150 Suncast Lane Ste 2, EDH, CA 95762
(Mailing 2711 Birch Ave, Camino, CA 95709)
Phone: 530-647-6907

Department Head Signature: 
Daniel Nielson, M.P.A., Director

CONTRACTING DEPARTMENT: HHS/Social Services Div.

Service Requested: Therapeutic Counseling
Contract Term: 1/26/11-1/25/14 Contract/Grant Value: \$124,000.00
Compliance with Human Resources requirements? N/A Yes x No
Compliance verified by: Mike Stella 3/27/13

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

Approved: Cond^{it} Disapproved: _____ Date: 4/9/13 By: Jush Beck
Approved: _____ Disapproved: _____ Date: _____ By: _____

Note that language that all other terms & conditions ^{remain} the same needs to be at end of text.

4/11/13 corrected HW

DORADO COUNTY COUNSEL
2013 APR -5 AM 11:05

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: _____ Date: 4/10/2013 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

APR 11 9:05 AM

Please contact Heather Longo x7373 for pick-up. Thanks.

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

NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT first. Any contract that requires approval from another department must also be first approved by the other department.
Departments: _____

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

Pam Giampetro 4/1/13
PM Review/Date

Karen G. Orr 4/2/13 [Signature] 4/2/13
CFO Review/Date Contracts Supe Review/Date

Cynthia H Keller 4/2/13
Contracts Mgr. Review/Date