


CONTRACT ROUTING SHEET

Date Prepared: 12/27/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts
Dept. Contact: Dustin Bailey
Phone #: 5833
Department
Head Signature: 
Bonnie H. Rich

CONTRACTOR:

Name: Progress House, Inc.
Address: PO Box 1666
Placerville, CA 95667
Phone: (530) 626-9240
Vendor Contact: Judy Strauss


EL DORADO COUNTY COUNSEL
JUDY STRAUSS
12/27 PM 3:33
HUMAN SERVICES REVIEWED

CONTRACTING DEPARTMENT: Human Services

Service Requested: Therapeutic Counseling
Contract Term: 3 years Contract Value: \$600,000.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 1-2-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
DATE: 12/28/2007
ATTORNEY: ED KERR
DEPT/INDEX NO.: 026100
BY: 

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/3/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
JUDY STRAUSS
12/27 PM 3:33
HUMAN SERVICES REVIEWED

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

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