

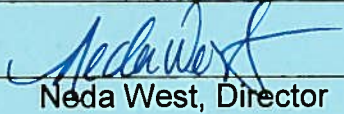
Internal Contract No: A2, 053-110-P-E2010  
 Purchasing Contract No: 003-S1110  
 Index Code: 404112

# CONTRACT ROUTING SHEET

Date Prepared: <sup>6/16/11</sup> ~~May 13, 2011~~

Need Date: 6/30/11

**PROCESSING DEPARTMENT:**

Department: Health Svcs - Public Health  
 Dept. Contact: Kathy Lang x 6362  
 2<sup>nd</sup> Contact: Tom Michaelson  
 Department  
 Head Signature:   
 Neda West, Director

**CONTRACTOR:**


Name: Family Connections, Inc.  
 Address: 344 Placerville Drive, Suite 10  
Placerville, CA 95667  
 Phone: \_\_\_\_\_

DORADO COUNTY COUNSEL  
 2011 JUN 16 PM 8:20

**CONTRACTING DEPARTMENT:** Health Services Department

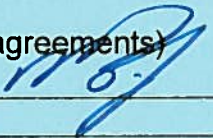
Service Requested: Amendment 2 to AOD Counseling Agmt  
 Contract Term: 7/1/10 - 6/30/11 Contract Value: Prov - \$63,400  
NTE - \$76,000  
 Compliance with Human Resources requirements? Yes  No   
 Compliance verified by: Feasibility Analysis Attached

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/24/11 By:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!


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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/25/11 By:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

 5/13/11  
 Program Manager Date

 5/25/11  
 Finance Date