

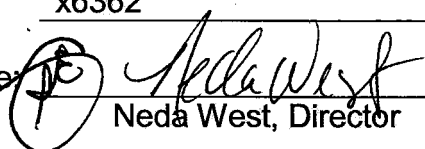
HUMAN RESOURCES DEPT

# CONTRACT ROUTING SHEET

Date Prepared: 6/1/10  
April 26, 2010

Need Date: 6-15-10

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept - PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department Head Signature:   
Neda West, Director

**CONTRACTOR:**

Name: EDCA Lifeskills, Inc.  
Address: 893 Spring Street  
Placerville, CA 95667  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health Services Department - Public Health Division

Service Requested: Revenue to County of 5% collections from PC-1000 clients  
Contract Term: 7/1/10 - 6/30/12 Contract Value: \$ ██████████ \$3,000  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: N/A - Incoming Funding

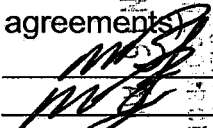
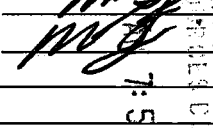
**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:  Disapproved: \_\_\_\_\_ Date: 6/15/10 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved per our discussion - pls. also update ins. certs. Thanks!

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

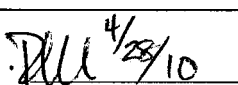
Approved: \_\_\_\_\_ Disapproved:  Date: 6/16/10 By:   
Approved:  Disapproved: \_\_\_\_\_ Date: 6/25/10 By: 

HL & Auto Ins expired.  
Resubmitted 6/25/10 @

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

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

 5/2/10  
Program Mgr / date

 4/28/10  
Finance / date  
1F 5/20/10

Valerie A. Bookin 5.21.10  
Budget ASO / date