

# CONTRACT ROUTING SHEET

Date Prepared: April 8, 2008

Need Date: April 25, 2008

**PROCESSING DEPARTMENT:**

Department: Public Health  
Dept. Contact: Dan Buffalo  
Phone #: 621-6226  
Department  
Head Signature: *Gayle Erbe Hamlin*  
Gayle Erbe-Hamlin

**CONTRACTOR:**

Name: Progress House  
Address: 2914 B Cold Springs Road  
Placerville, CA 95667  
Phone: (530) 626-9240

**CONTRACTING DEPARTMENT:** Public Health

Service Requested: Alcohol and drug treatment services  
Contract Term: 1 year Contract Value: \$99,000  
Compliance with Human Resources requirements? Yes: X No:           
Compliance verified by: HR and Local 1

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

Approved: X Disapproved:          Date: 4/28/08 By: *[Signature]*  
Approved:          Disapproved:          Date:          By:         

NOTE: highlighted text on page 5.

ASSIGNMENT  
DATE: 4/16/08  
ATTORNEY: [Signature]  
DEPT./INDEX NO.: 404148  
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved:          Date: 4/28/08 By: *[Signature]*  
Approved:          Disapproved:          Date:          By:         

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HUMAN RESOURCES DEPT  
08 APR 2008 AM 9:41

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

Departments: Human Resources - Please review the attached feasibility analysis and notify Local 1  
Approved:          Disapproved:          Date:          By:           
Approved:          Disapproved:          Date:          By: