Contract #: 104-S1511 A1 Index Code: 419500

CONTRACT ROUTING SHEET

Date Prepared:	2/21797 3/9/17-TOCOMPSEL	Need Dat	te: <u>3/23/17</u>
PROCESSING D	EPARTMENT:	CONTRA	CTOR:
Department:	HHSA/Behavioral Health	Name:	EDCA Lifeskills, Inc.
Dept. Contact:	Jennifer Anderson		893 Spring Street
Phone #:	Ext. 6901		Placerville, CA 95667
Department		Phone:	530 622-8193
Head Signature:			
	Patricia Charles-Heathers, Ph.D., Director		
CONTRACTING	DEPARTMENT: HHSA/Beha	vioral Health	Vndnt 1
Service Requeste	ed: Senior Peer Counselling		(Incr 55,100 AV
Contract Term: _	Execution-6/30/2018 (ext. fro	n pou- Contrac	t/Grant Value: \$190,000 July 20
		s? "N/A" "	_ Yes <u>x</u> No:
Compliance verifi	ed by: <u>HR approved</u>		
	SEL: (Must approve all contract		, 0,1
	Disapproved:		17 By John By
Approved:	Disapproved:	Date: _ <i></i>	By:
			M A Do
			<u> </u>
	PLEASE FORWARD TO RISI	K MANAGEMENT.	THANK YOU! A P Z
RISK MANAGEM	ENT: (All contracts and MOU's	except boilerpla	te grant funding agreements)
Approved: V	Disapproved:	Date:	9/17 By/ //
Approved:	Disapproved:	Date:	By:\ <u>*</u>
			- 9-50 UD / DM MOD 19:17
			aM9:02 HR/RM MAR 16'17
	AL: (Specify department(s) pa		
			n, storing, retrieving, transfer, or sending of or any other service/item that may be IT
			at be approved by IT before submission to
	pplies to any other contract that requir	es approval from an	other department.
Departments:			
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	_ Date:	By:
Please contac	t (Jennifer Anderson X6901) with q	uestions or for con	tract packet pick-up. Thank you!
SHOULDE	la alglin	-J.	2/23/19
CFO Review	Date	Deputy Director-Ac	lmin/Finance Date
	Date		
Rev. 12/2000 (GS-GVP)	10 2/22		14-1031 2A 1 of 1