

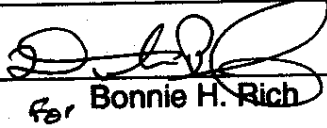
RUSH

Contract #: 176-S0711 Amendment I

CONTRACT ROUTING SHEET

Date Prepared: 2/6/08

Need Date: 2/13/08

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

CONTRACTOR:
Name: Family Connections
Address: 344 Placerville Drive, Suite 10
Placerville, CA 95667
Phone: 530-295-8528
Contact:

RECEIVED
COUNTY COUNSEL
FEB - 7 AM 8:08
General Counsel

CONTRACTING DEPARTMENT: Mental Health
Service Requested: MHSA Latino Engagement Program - West Slop
Contract Term: Expires 6/30/08 Amendment Value: \$11,838.00
Compliance with Human Resources requirements? Yes: No
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 2-16-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT	DATE	TORNEY	DEPT. INDEX NO.
	<u>02/16/08</u>	<u>[Signature]</u>	<u>0261600</u>
			<u>[Signature]</u>

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 2/19/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
FEB 19 AM 8:14

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____