

CONTRACT ROUTING SHEET

Date Prepared: 10-14-10

Need Date: 11-5-10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: 7268

Department: _____

Head Signature: *Shirley Hodgson*

CONTRACTOR:

Name: Family Connections El Dorado, Inc.

Address: 344 Placerville Drive, #10
Placerville, CA 95667

Phone: 530 626 5164

10 OCT 18 AM 11:53
HUMAN SERVICES DEPT

CONTRACTING DEPARTMENT: Human Services

Service Requested: Provide therapeutic counseling, equine-assisted services and classes

Contract Term: 2-1-08 through 1-31-11 Contract Value: \$185,000.00

Compliance with Human Resources requirements? Yes: 9-22-10 No: _____

Compliance verified by: Mike Strella of H.R.

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

Approved: Disapproved: _____ Date: 10-24-10 By: *W. Strella*

Approved: _____ Disapproved: _____ Date: _____ By: _____

20 OCT 18 AM 11:53
COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 10/27/10 By: *M. Strella*

Approved: _____ Disapproved: _____ Date: _____ By: _____

10 OCT 18 AM 8:33
RISK MANAGEMENT

Please call Shirley Hodgson at 7268 to pick up. Thanks.

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____