

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 9/20/18

Need Date: 10/4/18

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Lisa Konyecsni

Phone: 6901

Department

Head Signature: [Signature]

CONTRACTOR:

Name: Community Recovery Resources

Address: 180 Sierra College Dr.

Grass Valley, CA 95945

Phone: _____

Org Code: 5130

CONTRACTING DEPARTMENT: Health & Human Services Agency

Service Requested: Therapeutic counseling and substance abuse treatment

Contract Term: 11/17/18 - 10/31/21 Contract Value: \$200,000

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

Approved: X Disapproved: _____ Date: 9/20/18 By: [Signature]

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

EL DORADO COUNTY COUNSEL
2018 SEP 20 PM 4:13

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x__6901__ FOR PICK-UP... THANKS!