

CONTRACT ROUTING SHEET

Date Prepared: 10-21-10

Need Date: 11-10-10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department Head Signature: *Shirley I. C. Hodgson*

CONTRACTOR:

Name: Family Connections El Dorado, Inc.

Address: 2860 Smith Flat Road
Placerville, CA 95667

Phone: 530 626 5164

CONTRACTING DEPARTMENT: Human Services

Service Requested: Provide therapeutic counseling services, equine-assisted therapeutic counseling, anger management, classes, home visitation and related svcs.

Contract Term: 2-1-11 to 1-31-14 Contract Value: \$185,000.00

Compliance with Human Resources requirements? Yes: 10-21-10 No:

Compliance verified by: Mike Strella of H.R.

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

Approved: Disapproved: Date: 10-26-10 By: *Mike Strella*

Approved: Disapproved: Date: By:

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: *MS*

Approved: Disapproved: Date: By:

Please call Shirley Hodgson at x7268 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: