Contract #: 510-S0811, A2

CONTRACT ROUTING SHEET

Date Prepared: 3-31-10 **Need Date:** 4-21-10

PROCESSING DEPARTMENT:
Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: X7268
Department Head Signature: [signature]

CONTRACTOR:
Name: Progress House, Inc.
Address: 2844 Coloma Street (Mail: P.O. Box 1666)
Placerville, CA 95667
Phone: 530 626-9240

CONTRACTING DEPARTMENT: Human Services
Service Requested: Therapeutic counseling & substance abuse recovery services on an "as requested" basis.
Contract Term: 2-29-08 to 6-30-11 Contract Value: $1,250,000.00
Compliance with Human Resources requirements? Yes: x No:
Compliance verified by: HR approves going forward with this amendment

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: ✓ Disapproved: Date: 4-2-10 By: [signature]
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: 4/6/10 By: [signature]
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: