ASSIGNMEN		e House Inc. Subst	ance Abuse Offender Treatme	ont Droam
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PROCESSING D		CONTRA		
Department:	Public Health	Name:	Progress House, Inc.	
Contact: Phy	/llis Houser	Address:	2914 "B" Cold Springs F	
Phone #: 62			Placerville, CA 95667	
	Date: December	18, 200 <u>6</u>	Phone:(53	0) 626-92
Signature:	libe Bun Q			
CONTRACTING	DEPARTMENT:	Public Health		
	Human Resources red		No:	
	ed by:Patti l			
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RISK MANAGEM	ENT: (All contracts a	nd MOU's except bo	ilerplate grant funding agreem	ents)
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	AL: (Specify departn	nent(s) participating	or directly affected by this con	tract.)
Department(s):	Di	D-I-	Dem	
ADDROVAG.	_ Disapproved:	Date:	By:	
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