

Internal Contract No: A1 - 042-110-P-E2010

Purchasing Contract No: 013-S1111

Index Code: 404131/404136

CONTRACT ROUTING SHEET

Date Prepared: ²⁷ September 14, 2010

Need Date: 10/11/10

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department
Head Signature: Neda West
Neda West, Director

CONTRACTOR:

Name: EDCA Lifeskills, Inc.
Address: 893 Spring Street
Placerville, CA 95667
Phone:

10 OCT 18 AM 11:05

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Amendment to AOD Counseling Services Agmt
Contract Term: 7/1/10 - 6/30/11 Contract Value: \$51,384.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Feasibility Analysis Attached

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

Approved: Disapproved: Date: 10/7/10 By: [Signature]
Approved: Disapproved: Date: By:
- Workers Comp. coverage is out-of-date
- PLS. do same change to # 2 (c) that we discussed
re: Progress Home.
- Technically retractive, but no increase in compensation for past services, so ok.

10 OCT 20 09:23
COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 10/13/10 By: [Signature]
Approved: Disapproved: Date: 10/18/10 By: [Signature]
Endorsement naming additional issued & WC cert. needed.

10 OCT - 8 AM 9:54
RISK MANAGEMENT

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

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

[Signature] 9/16/10
Program Manager / date

[Signature] 9/25/10
Finance / date