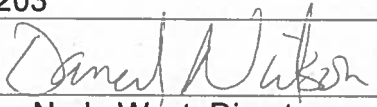


Internal Contract No: 053-169-M-E2011, Amendment I  
Purchasing Contract No: 030-S1211  
Index Code: 419200

# CONTRACT ROUTING SHEET

Date Prepared: 9-22-11

Need Date: Please rush

**PROCESSING DEPARTMENT:**  
Department: Health Svcs Dept – MH Div.  
Dept. Contact: Thomas Michaelson  
Phone #: 6203  
Department Head Signature:   
Neda West, Director

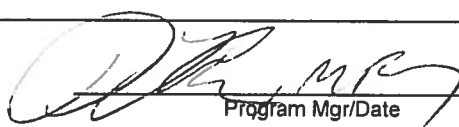

**CONTRACTOR:**  
Name: Family Connections El Dorado, Inc.  
Address: 2860 Smith Flat Road  
Placerville, CA 95667  
Phone: 530-626-5164

**CONTRACTING DEPARTMENT:** Health Services Department – Mental Health Division  
Service Requested: MHSA Latino program on West Slope  
Contract Term: 7/1/11 to 6/30/12 Contract Value: \$96,660  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Chris Little

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
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: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).  
Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 8/19/11  8/22/11  
Program Mgr/Date Finance/Date