

Resubmittal

Contract #: 490-S1711

CONTRACT ROUTING SHEET

Draft v. 2

Date Prepared: ~~04/07/2017~~ → 5/2/17

Need Date: ~~04/21/2017~~ → 5/09/17

PROCESSING DEPARTMENT:

Department: Probation
 Dept. Contact: Darci Prall *DP*
 Phone #: Ext. 6076
 Department: *Probation*
 Head Signature: *[Signature]*

CONTRACTOR:

Name: A Balanced Life
 Address: PO Box 7152
 South Lake Tahoe, CA 96158
 Phone: Lindsay Simon, Director
 530-544-1748

CONTRACTING DEPARTMENT: Probation

Service Requested: As-requested therapeutic counseling services and classes for clients referred by the Probation Department.

Contract Term: 3 years Contract Value: \$211,320.00

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: Emailed 04/07/2017 - *Approved 4/17/17 by email*

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

Approved: Disapproved: Date: 4/11/17 By: *[Signature]*

Approved: Disapproved: Date: 5/4/17 By: *[Signature]*

*Compensation term unclear - what is hrly rate for DS/RS svcs?
 You have diff rates for indiv/grp counseling vs family counseling -
 is time spent at staff migs billed at indiv rate, family rate, or
 some other rate?*

**05/02/17 Draft ver #2 updated with CC
 suggested edits ✓ DP - resubmitted 5/02/17
 pages 2 & 3 only*

EL DORADO COUNTY COUNSEL
 2017 APR 11 PM 12:08

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 4-12-17 By: *[Signature]*

Approved: Disapproved: Date: _____ By: _____

AM 8:34 HR/RM APR 12 '17

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

Departments: _____

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

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

EL DORADO COUNTY COUNSEL
 2017 APR -3 AM 9:28