

Contract #: 308-S1211 A1
Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared: 7/25/13

Need Date: 8/19/13 HW - Pls. Rush

PROCESSING DEPARTMENT:

Department: HHSA/SSD
Dept. Contact: Heather Longo
Phone #: X7373
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: New Leaf Counseling Services
Address: 1254 High St
Auburn, CA 95603
Phone: 530-889-9195

Janet Walker-Conroy, M.A.,
Interim Director Don Ashton, M.P.A.

CONTRACTING DEPARTMENT: HHSA/Social Services Division

Service Requested: Therapeutic counseling and related services
Contract Term: 2/28/12-2/27/15 Contract/Grant Value: \$100,000.00
Compliance with Human Resources requirements? N/A Yes x No
Compliance verified by: Mike Stella 7/22/13

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

Approved: Conditional Disapproved: _____ Date: 8/9/2013 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

- 1) Provision relating to when services are to be provided i.e. normal business hours, weekdays, weekends, after hours is deleted in amendment. Purposely? ~~added~~ HW
- 2) Add BC 8546.7 language added HW 8/15 sentence retained
- 3) If grant money is involved then notice of changed circumstances is required re

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU! *certifications & assurance note*

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

Approved: Disapproved: _____ Date: 8/12/13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

New Leaf does no transporting of patients
Ok to remove Auto in contract.

Please contact Heather Longo X7373 for pick-up. Thank you.

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

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

[Signature] 7/25/13
Contracts Supe Review/Date

[Signature] 7/26/13
PM Review/Date

[Signature] 7/30/13
CFO Review/Date