

# NEW AGREEMENT CONTRACT ROUTING SHEET

To Counsel 11/20/2018

Date Prepared: 11/2/18

Need Date: 11/15/18 11/30/2018

**PROCESSING DEPARTMENT:**  
Department: HSA  
Dept. Contact: Consie Mote  
Phone: 7118  
Department  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**  
Name: Adolescence's Last Resort  
Address: Modesto, CA 95350  
3125 Mc Henry Ave. Suite D  
Phone: \_\_\_\_\_  
Org Code: 5130

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Adolescent Residential Drug and Alcohol Treatment

Contract Term: 12/1/18-11/30/2021 7/1/18 - 6/30/21  
Contract Value: \$-69,887-00 \$150,000  
LCM

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

Approved: X Disapproved: \_\_\_\_\_ Date: 11/27/18 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2018 NOV 21 PM 1:38

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x7118 FOR PICK-UP...THANKS!