

CONTRACT ROUTING SHEET

Date Prepared: 8-23-11

Need Date: 9-13-11

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: X7268
Department
Head Signature: *Shirley Hodgson*

CONTRACTOR:

Name: Teresa McIntyre-Harlow, PhD.
Address: 493 Main Street, Suite D
Diamond Springs, CA 95619
Phone: 530 677-2213

CONTRACTING DEPARTMENT: Human Services

Service Requested: Therapeutic counseling services on an "as requested" basis for DHS clients
Contract Term: 1-27-09 through 1-26-12 Contract Value: \$75,000.00
Compliance with Human Resources requirements? Yes: 8-18-11 No: _____
Compliance verified by: Mike Strella, H.R.

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

Approved: Disapproved: _____ Date: 8/23/11 By: *Terese*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
AUG 25 AM 10:42

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8/31/11 By: *keh*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT.
11 AUG 30 PM 3:50

Please call Shirley Hodgson at x7268 to pick up. Thanks!

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

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