

Contract #: 401-S1710 A1
Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared: 12/5/17

Need Date: 12/19/17

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Lisa Konyecsni
Phone #: X 6901
Department
Head Signature: Patricia Charles-Heathers

CONTRACTOR:

Name: Center for Violence-Free Relationships
Address: 344 Placerville Dr., Suite 11
Placerville, CA 95667
Phone: (530) 626-1450

Patricia Charles-Heathers, Ph.D., M.P.A., Director

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Therapeutic Counseling Services
Contract Term: 4/1/17 - 3/31/20 Contract/Grant Value: \$ 200,000.00
Compliance with Human Resources requirements? N/A Yes x No: _____
Compliance verified by: Misty Garcia / HR / 11-9-17

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

Approved: X Disapproved: _____ Date: 12/15/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

DCR/DC COUNTY COUNSEL
2017 DEC -5 AM:36

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ Disapproved: _____ Date: 12-20-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PM 12:17 HR/RM DEC 19 '17

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____

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

Please contact Lisa Konyecsni x6901 with questions or for contract packet pick-up. Thank you!

[Signature] 12/4/17
Chief Fiscal Officer Date

[Signature] 12/11/17
Deputy Director, Administration and Contracts Date

[Signature] 12/11/17
AVP or AVR Mgr Approval: Initials/Date

[Signature] 12/30/17
Contracts ASO Approval: Initials/Date