

CONTRACT ROUTING SHEET

Date Prepared: 8-14-12

Need Date: 9-4-12

PROCESSING DEPARTMENT:

Department: HHSA – Social Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: X7143
Department Head Signature: *Shirley Hodgson*

CONTRACTOR:

Name: Jill Gustafson, LCSW
Address: 493 Main Street, Suite D
Diamond Springs, CA 95619
Phone: 530 644-8013

CONTRACTING DEPARTMENT: Health and Human Services Agency, Social Services Division
Service Requested: Therapeutic counseling svcs for clients of HHSA on an "as requested" basis
Contract Term: 9-24-12 to 9-23-15 Contract Value: \$200,000.00
Compliance with Human Resources requirements? Yes: 7-24-12 No: _____
Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: _____ Date: 8-22-12 By: *Mike Strella*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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EL DORADO COUNTY COUNSEL
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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: ✓ Date: 8-23-12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: 8-24-12 By: _____

Certificates of Ins is only for \$500,000

**RISK MANAGER
EL DORADO COUNTY**

*See Attached
8/23/12 - Revised certificate attached.*

Please call Shirley Hodgson at x7143 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: _____

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