

DATE 12-22-07

ATTORNEY ELY

Contract #: 610-S0711 Amd I

DEPT./INDEX NO. 026100 **CONTRACT ROUTING SHEET**

BY: KM
Date Prepared: 12/19/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts
Dept. Contact: Dustin Bailey
Phone #: 5833
Department
Head Signature: [Signature]
for Bonnie H. Rich

CONTRACTOR:

Name: Sierra Recovery Center
Address: 1137 Emerald Bay Road
South Lake Tahoe, CA 96150
Phone: (530) 541-5190
Vendor Contact: Joan Anderson

EL DORADO COUNTY COUNSEL
DEC 20 AM 7:05

CONTRACTING DEPARTMENT: Human Services

Service Requested: Substance Abuse Treatment/Counseling "As Requested"
Contract Term: Expires 6/30/08 Amendment Value: \$031,500.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 12-21-07 By: [Signature]
Approved: ✓ Disapproved: _____ Date: 4-21-08 By: [Signature]

** re-approved after minor changes to compensation provision*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 12/26/07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
RESOURCES DEPT
DEC 21 PM 1:27

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

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