

# CONTRACT ROUTING SHEET

Date Prepared: 9-3-09

Need Date: 9-24-09

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: 7268

Department: \_\_\_\_\_

Head Signature: *Shirley Hodgson*

**CONTRACTOR:**

Name: Family Connections El Dorado, Inc.

Address: 344 Placerville Drive, #10  
Placerville, CA 95667

Phone: 530 626 5164

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Provide therapeutic counseling, equine-assisted services and classes

Contract Term: 2-1-08 through 1-31-11 Contract Value: \$180,000.00

Compliance with Human Resources requirements? Yes: 8-19-09 No: \_\_\_\_\_

Compliance verified by: Mike Strella of H.R.

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 9-8-08 By: *Shirley Hodgson*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
09 SEP 19 AM 8:11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 9/9/09 By: *Mike Strella*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please call Shirley Hodgson at 7268 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: \_\_\_\_\_