

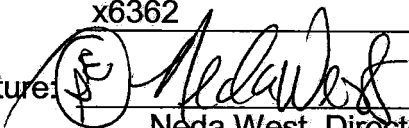
Internal Contract No: 844-PHD0509
Purchasing Contract No: 100-S1011
Index Code: 404112

CONTRACT ROUTING SHEET

Date Prepared: September ²⁹ 10, 2009

Need Date: 10/13/09

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.
Dept. Contact: Kathy Lang
Phone #: x6362
Department
Head Signature: 
Neda West, Director

CONTRACTOR:

Name: New Morning Youth & Family
Address: 6765 Green Valley Road
Placerville, CA 95667
Phone: _____

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SEP 29 AM 11:14

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: AOD Counseling Svcs
Contract Term: 7-1-09 - 6/30/10 Contract Value: \$65,445.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Feasibility Analysis Attached

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

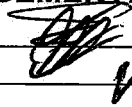
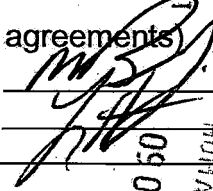

Approved: Disapproved: _____ Date: 10/8/09 By: Terrell Umator
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please see attached attorney-client memo.

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

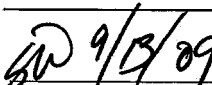
Approved:  Disapproved: Date: 10/9/09 By: 
Approved:  Disapproved: _____ Date: 10/14/09 By: _____

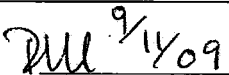
Ins Cert is expired. New new one.

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

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


Program Mgr / date


Finance / date