

Contract Name: Substance Abuse Offender Treatment Program (OTP) Services, Amendment I

Contract # 610-PHD0507

Budget Code: 404148

# CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head Date: August 15, 2007

Signature: [Signature]

### CONTRACTOR:

Name: Progress House, Inc.

Address: 2914 Cold Springs Road, B

Placerville, CA 95667

Phone: (530) 626-9240

EL DORADO COUNTY COUNSEL  
307 AUG 17 AM 8:24  
Honey Belwood

### CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes  No

Compliance verified by: HR and Local 1

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/30/07 By: [Signature]

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

*\* see note on signature page.*

*Done 9/5/07 DB*

ASSIGNMENT  
DATE  
COUNSEL  
DPT. INDEX NO.  
08/17/07  
404148  
404148

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/31/07 By: [Signature]

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

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HUMAN RESOURCES DEPT  
07 AUG 31 PM 4:28

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

#### DEPARTMENT:

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

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