

# CONTRACT ROUTING SHEET

Date Prepared: 11-07-08

Need Date: 11-21-08

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: *James Walker Conroy for Doug Novaka*

**CONTRACTOR:**

Name: Family Connections El Dorado, Inc.

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

Phone: 530 626 5164

EL DORADO COUNTY COUNSEL  
21 NOV 10 AM 11:15

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Therapeutic counseling services, substance abuse treatment, anger management and other related services on an "as requested" basis for clients of DHS.

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

Compliance with Human Resources requirements? Yes: 11-5-08 No: \_\_\_\_\_

Compliance verified by: Patti Barton, H.R.

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11-13-08 By: *W. King*

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

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HUMAN RESOURCES DEPT  
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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: 11/17/08 By: *Costello*

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

Please call Shirley Hodgson at x7268 to pick up.

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

Departments: \_\_\_\_\_

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

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