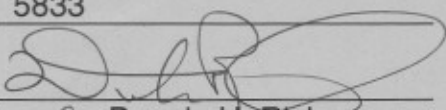


CONTRACT ROUTING SHEET

Date Prepared: 12/26/07

Need Date: _____

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Sierra Recovery Center
 Address: 972-B Tallac Avenue
South Lake Tahoe, CA 96150
 Phone: 530-541-5190
 Vendor Cont: Betsy Feder

CONTRACTING DEPARTMENT: Human Services

Service Requested: Substance abuse treatment for CalWorks Clients
 Contract Term: Expires 6/30/08 Amendment Value: \$30,000.00
 Compliance with Human Resources requirements? Yes: _____ No: _____
 Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 12-28-07 By: [Signature]
 Approved: Disapproved: _____ Date: 4-21-08 By: [Signature]

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

ASSIGNMENT

DATE: 12/27/07
 ATTORNEY: ELK
 DEPT./INDEX NO.: 026100
 BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 12/31/07 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
 RECORDS DEPT
 02/28 PM 3:12

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

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