TIGNIEY Contract Name: High Risk Youth Shelter Services, Amendal High Risk Youth Shelter Services In 1980 Address (6765 Green Valley Road Placerville, CA 95667 Phone: (530) 622-5551 CONTRACTION: Name: New Morning Youth and Family Services (6765 Green Valley Road Placerville, CA 95667 Phone: (530) 622-5551 Phone: (530) 622	ASSIGNMENT			
PROCESSING DEPARTMENT: Department: Public Health Dept. Contact: Dan Buffalo Phone #: 621-6226 Phone #: 621-626 Phone #: 621-627 CONTRACTING DEPARTMENT: Public Health Compliance with Human Resources requirements? Yes X No Compliance verified by: HR and Local 1 COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By: RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By: Province of the province	E 5 -9-07 Contract Name:	High Ris		
PROCESSING DEPARTMENT: Department: Dept. Contact: Dan Buffalo Phone #: 621-6226 Department Head Date: May 3, 2007 Signature: CONTRACTING DEPARTMENT: Compliance with Human Resources requirements? Compliance verified by: HR and Local 1 COUNTY COUNSEL: (Must approve all contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Disapproved	ORNEY			
Department: Public Health Dept. Contact: Dan Buffalo Phone #: 621-6226 Department Head Date: May 3, 2007 Signature: Public Health Compliance with Human Resources requirements? Yes X No Compliance verified by: HR and Local 1 COUNTY COUNSEL: (Must approved: Date: 5-14-02 By: Date: 5-14-02 By: Date: 5-14-02 By: Date: Date: 5-14-02 By: Date: Data: Date: Da	T.INDEX NO. 4011 CONTRACT	ROUTIN		100002
Approved: Disapproved: Date: By:	Department:Public Health Dept. Contact:Dan Buffalo Phone #:621-6226 Department HeadDate: May 3, 2007 Signature:	Name: Address: Phone: Olic Health ements? Yes Ontracts and MOU's Date: 5.14-0	New Morning Youth an Services 6765 Green Valley Roa Placerville, CA 95667 (530) 622-5551 X No By: By: Sullate And South an Services No	ad EL DORADO
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract.) DEPARTMENT: Approved: Disapproved: Date: By:	Approved: Disapproved:	Date: <u>5// 8/</u>	07 By: 100	eements)
DEPARTMENT: Approved: Disapproved: Date: By:	potes on contract #4	Sypired 1321 - PHI	; please se 0304.	-: 85
Approved: Disapproved: Date: By:		t(s) participating or	directly affected by this	contract)
	Approved: Disapproved:			