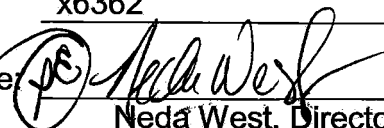


CONTRACT ROUTING SHEET

Date Prepared: ^{May 13,} ~~April 22,~~ 2010

Need Date: 5/27/10

PROCESSING DEPARTMENT:

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

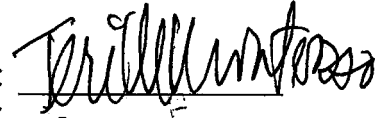
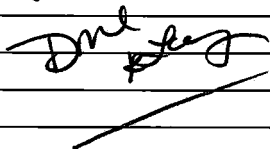
CONTRACTOR:

Name: Progress House
 Address: 2844 Coloma Street
Placerville, CA 95667
 Phone: _____

CONTRACTING DEPARTMENT: Health Services Department – Public Health Division


Service Requested: OTP Treatment Services (now called PC 1210 Program)
 Contract Term: 10/1/09 thru 3/31/11 Contract Value: \$179,000.00
 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: 5/26/10 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____
approved, per our conversation about recommended changes. Thank you.

 2010 MAY 13 PM 4:05
 COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

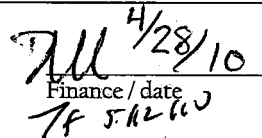
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 5/27/10 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____
All Income expense in July - David Pennells.
 11 MAY 26 PM 50
 DEPT

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

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


 Program Mgr / date 4/27/10


 Finance / date 4/28/10
TR 5/12/10