CONTRACT ROUTING SHEET

Date Prepared:	4-29-11	Need Date	e: 5-20-11
PROCESSING DEPARTMENT:		CONTRACTOR:	
Department:	Human Services	Name:	Progress House, Inc.
Dept. Contact:	Shirley I. C. Hodgson	Address:	```
Dhana #1	X7268		Box 1666)
Phone #:	<u>X1200</u>	Phone:	Placerville, CA 95667 530 642-1715
Department	Caril Liter	Phone.	<u> </u>
Head Signature:	Cantis Napor		
CONTRACTING	DEPARTMENT: Human Service	es	
	d: Provide therapeutic counselin		stance abuse testing and
Controo requeetes	treatment, residential treatme		
Contract Term: 7		Contract Value	
	luman Resources requirements?		<u>3-18-11</u> No:
	ed by: Mike Strella	100.	With the second
Compliance vernie			
COUNTY COUNS	EL: (Must approve all contracts a	and MOU's) ,	-12-11 BV: Carting
Approved:	Disapproved:	Date:	-17-11 By: 2 1 Lam-
Approved:	Disapproved:	Date:	By:
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			i i i i i i i i i i i i i i i i i i i
PLEASE FORWARD	TO RISK MANAGEMENT. THANKS!		
RISK MANAGEM	ENT: (All contracts and MOU's ex	cept boilerplat	e grant funding agreements
Approved:	Disapproved:	Date:	IIIn By: MSL.
Approved:	Disapproved:	Date:	By:
• •			
Please call Shirle	y Hodgson at x7268 to pick up. T	hanks.	
	AL: (Specify department(s) partic		ctly affected by this contract).
Departments:			······································
Approved:	Disapproved:	Date:	By:
Approved:		Date:	Ву Ву:
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