CONTRACT ROUTING SHEET

Date Prepared:	8-2-11	Need Dat	e: ASAP		
PROCESSING D	EPARTMENT:	CONTRA	CTOR:		
Department:	Human Services	Name:			
Dept. Contact:	Shirley I. C. Hodgson	 Address:	1254 High Street		
Phone #:	X7268		Auburn, CA 95603		
Department	\rightarrow \downarrow	Phone:	none: 530 889-9195		
Head Signature:	Sinul / WEN				
CONTRACTING	DEPARTMENT: Human So	ervices			
Service Requeste	d: Therapeutic counseling treatment services and o				
Contract Term: _2	2-28-09 to 2-27-12	Contract Value		35,000.00	
•	Human Resources requirement ed by: Mike Strella	ents? Yes:	7-28-11 N	o:	
COUNTY COUNS	EL: (Must approve all contr	acts and MOU's)		6.1	
Approved:	Disappioved.	Date: <i>と</i>	-10-11 By: _	Meller	
Approved:	Disapproved:	Date:	By:	2 6	
					
					
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				y in	
PLEASE FORWARD	TO RISK MANAGEMENT. THAN	NKS!			
	ENT: (All contracts and MO		, -	-	
Approved:	Disapproved:	Date:8/12		Kaca-	
Approved:	Disapproved:	Date:′	By:		
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			***************************************	- <u> </u>	
Please call Shirle	ey Hodgson at x7268 to pick	up. Thanks.			
	AL: (Specify department(s)		ctly affected by thi	is contract).	
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:		
				11-1022.A.1	

Rev. 12/2000 (GS-GVP)