## Contract #: 004-S1211, A1 CONTRACT ROUTING SHEET

Date Prepared:	10-18-11	Need Dat	e: 11-15-11	
PROCESSING D	EPARTMENT:	CONTRA	CTOR:	
Department:		Name:		se Inc
The state of the s	Shirley I. C. Hodgson	Address:		Street (Mail: P.O.
			Box 1666)	on out (mail: 1 .o.
Phone #:	X7268	A	Placerville, CA	95667
Department		Phone:	530 642-1715	
Head Signature:	Sand Ma	\$1.7		
CONTRACTING	DEPARTMENT: Human S	Services		
Service Requeste	ed: Provide therapeutic cou treatment, residential tr			
Contract Term: 7	7-1-11 through 6-30-14	Contract Value		\$1,250,000.00
Compliance with I	Human Resources requirem			No:
Compliance verific	ed by: Mike Strella		30.	197
COUNTY COUNS	SEL: (Must approve all cont	racts and MOU's)		100/0
Approved:	/ Disapproved:	Date: /	0-19-11 By:	Whim
Approved:	Disapproved:	Date:	By:	00 00
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Approved	ENT: (All contracts and MC	ous except bollerpla		
Approved:	Disapproved:	Date: 10/21		Alene To
Approved:	Disapproved:	Date:	By:	
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	-	- Annual Control of the Control of t		
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	ey Hodgson at x7268 to pick		Al et	
	AL: (Specify department(s)	participating or dire	ctly affected by	this contract).
Departments:	Discon			
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
			the state of the s	

Rev. 12/2000 (GS-GVP)