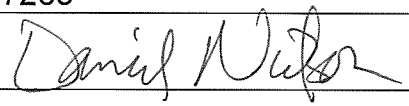


CONTRACT ROUTING SHEET

Date Prepared: 8-31-11Need Date: ASAP**PROCESSING DEPARTMENT:**Department: Human Services**CONTRACTOR:**Name: A Balanced Life: Individual,
Family & Child Therapy, Inc.
dba A Balanced Life, Inc.,
formerly Lacey Noonan dba A
Balanced LifeAddress: P.O. Box 7152
South Lake Tahoe, CA 96158Phone: 530 544 1748Dept. Contact: Shirley I.C. HodgsonPhone #: 7268Department: Head Signature: **CONTRACTING DEPARTMENT:** Human ServicesService Requested: Provide therapeutic counseling and classes on an "as requested" basisContract Term: 11-2-10 to 11-1-13 Contract Value: \$108,505.00Compliance with Human Resources requirements? Yes: 8-30-11 No: Compliance verified by: Mike Strella**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: ✓ Disapproved: Date: 9-2-11 By: Approved: Disapproved: Date: By:

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)Approved: ✓ Disapproved: Date: 8/2/11 By: KelApproved: Disapproved: Date: By: Please call Shirley Hodgson at x7268 to pick up. Thanks.**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)Departments: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: