Contract #: 224-S1110,A2

CONTRACT ROUTING SHEET

Date Prepared:	8-8-12	Need Date	: ASAP
PROCESSING DEPARTMENT:		CONTRAC	TOR:
Department:	Health and Human Services	Name:	A Balanced Life: Individual,
			Family & Child Therapy, Inc.
Dept. Contact:	Shirley I.C. Hodgson		dba A Balanced Life, Inc., P.O. Box 7152
Phone #:	X7143 ^		South Lake Tahoe, CA-96158
Department Head Signature:	David Nakon		530 544 1748
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CONTRACTING I	DEPARTMENT: Health and	Human Services A	gency, Social Services Division
	d: Provide therapeutic couns		
*********	11-2-10 to 11-1-13	Contract Value:	\$208,505.00 _m
-	Human Resources requiremen	its? Yes: _	8-7-12 No: 22 D
Compliance verific	ed by: Mike Strella		
COUNTY COUNS	SEL: (Must approve all contra	cts and MOU's)	1,5
Approved:	Disapproved:	Date: <i>&</i>	-13-12 By: 3 Strang
Approved:	Disapproved:	Date:	By:
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DI EASE FORWARD	TO RISK MANAGEMENT. THANK	(SI	^
	IENT: (All contracts and MOU		e grant funding agreements)
Approved:	√` Disapproved:	11/ 1 8	'\'\ By: \\\
Approved:	Disapproved:	Date:	RISK MANAGER
			EL DORADO COUNTY
			- Old EO COUNTY
	ey Hodgson at x7143 to pick u		
	AL: (Specify department(s) p	earticipating or direc	ту апестеd by this contract).
Departments:Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date: Date:	By: