ASSIGNMENT	1 SHIE	10/24/2001		(3)
10/10/07	Contract Name	: Alcohol/l	Drug Treatment Services	s, Amendment I
AIE JOHO /			Contract #	589-PHD0407
ITORNEY, 29			Budget Code:	404131
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PROCESSING DEPARTMENT		CONTRAC	TOR:	
Department: Public Health		Name:	EDCA Lifeskills	
Dept. Contact: <u>Dan Buffalo</u>		Address:	893 Spring Street	
Phone #: 621-6226	-10-0007		Placerville, CA 95667	2 5
Department Head Date: Oct		Phone:	(530) 622-8193	5 00
Signature: Juliable	Ann C-			OC.
CONTRACTING DEPARTMEN	T· Public He	alth		NO
Compliance with Human Resou			X No	S SE
Compliance verified by: HR		. 163	<u> </u>	PH THE
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COUNTY COUNSEL: (Must a				met is
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Approved: V Disapprove	ed: Da	te: 10/30/	17 By:	Jones
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10/36/07 on		-	t amount needs	
			additional com	
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RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)				
Approved: Disapprove	ed: Da	te: <u>/0/3//</u>	07 By: Coll	108
Approved: Disapprove	ed: Da	te:/	By:	
Alores Coarres		0-0		
Please Secure proof of updated WC Coverage				
before proceeding	with Cov	Wort ?	ervices.	200
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OTHER APPROVAL: (Specify	department(s) pa	rticipating or	directly affected by this	contract.)
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DEPARTMENT:				CO N
Approved: Disapprove	ed: Da	te:	By:	0
Approved: Disapprove		te:	By:	70
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