Internal Contract No: Purchasing Contract No: A-1 839-PHD0409 028-S1011 404133

Index Code:

CONTRACT ROUTING SHEET

Date Prepared:	January 17, 2010	Need Dat	te:	2-2-10	
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: Health Svcs Dept – PH Div. Kathy Lang x6362 Neda West, Director	CONTRA Name: Address: Phone:	Progre 2844	ess House, I Coloma Stre rville, CA 95	et
Service Requeste Contract Term: _Compliance with	DEPARTMENT: Health Se ed: Alcohol & other drug cou 7/1/09 - 6/30/10 Human Resources requireme ed by: Feasibility Analysis A	unseling svcs. Cents? Yes		Value: \$16	6,403.00
Approved: Approved: Please dm	Disapprove all control Disapproved: Disapp	Date: 2/2 Date: "NTE" amount	24/10 - 73 fr.	By: By: By: By: Amend	Market 1 2:55
	D TO RISK MANAGEMENT. THAN IENT: (All contracts and MOI Disapproved: Disapproved:	U's except boilerpla	te gran	t funding agr By: By:	MES PH 2:
OTHER APPROV Departments: Approved: Approved:	/AL: (Specify department(s) Disapproved: Disapproved:	participating or dire Date: Date:	ctly affe	ected by this By: By:	contract).
Solfa III	2/0 W 12/10 Finance/date	 -			

Finance / date

Rev. 12/2000 (GS-GVP)