## CONTRACT ROUTING SHEET

Date Prepared: 9846 9/14/16-10 counsel
PROCESSING DEPARTMENT:
Department:
HHSA/Social Services Div
Dept. Contact:
Phone \#:
Jennifer Anderson

X6901
Department

Need Date: $\quad 9 / 20 / 16$
CONTRACTOR:

Name: A Balanced Life: Individual, Family, and Child Therapy, Inc.
Address: 2100 Eloise Ave
Phone: 530/544-1748

## Address. $\frac{\text { South Lake Tahoe, CA } 96158}{}$

Head Signature: Patrici charlu-Aleothers Patricia Charles-Heathers, Ph. D., Director RUSH!

CONTRACTING DEPARTMENT: HHSA/Social Services Division
Service Requested: Therapeutic Counseling, Psychological Evaluations, Substance Abuse Services
Contract Term: 11/1/16-10/31/19
Compliance with Human Resources requirements?
Contract/Grant Value:
Compliance verified by: $\qquad$



OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.
Departments:
Approved:
—
Disapproved:
Date:
$\xrightarrow{\square}$
By:
Approved:
Disapproved:
Date:
By:


