|   |   |   | ntract #: <u>194-S1511 A M 1</u><br>ex Code: 530500   |  |
|---|---|---|---|--|
|   | CONTRACT  |   |   |  |
| Date Prepared:  | 5/9/16 To counsel 5/2   |   | te: 6/3/14 HW   |  |
| PROCESSING DEPARTMENT:<br>Department: HHSA/Social Services  |   | Hw CONTRA<br>Name:  | CONTRACTOR:<br>Name: Community Recovery<br>Resources (CoRR)   |  |
| Dept. Contact:  | Heather Longo   | Address:  |   |  |
| Phone #:  | X7373   |   | Mailing: PO Box 6028, Auburn,<br>CA 95604   |  |
| Department<br>Head Signature:   | Don Ashton, M.P.A., Direct  | Phone:  | 530/277/2223  |  |
| Contract Term: 1  | DEPARTMENT: HHSA/So<br>d: Therapeutic Counseling<br>1/17/14-11/16/17<br>Human Resources requireme   | ocial Services<br>and Substance Ab<br>Contrac   | t/Grant Value: \$187,712.00   |  |
| COUNTY COUNS Approved:  | EL: (Must approve all contr<br>Disapproved:<br>Disapproved:   | racts and MOU's)<br>Date:<br>Date:  | By: Pt Je m<br>By: De m |  |
| RISK MANAGEM<br>Approved:<br>Approved:  | PLEASE FORWARD TO I<br>ENT: (All contracts and MO<br>Disapproved:<br>Disapproved:   |   | THANK YOU!<br>ate grant funding agreements<br>By<br>By<br>By<br>RECENTION<br>15 MOV 27 PX01:26  |  |
| <b>NOTE:</b> Any contract<br>electronic information<br>related, especially the<br>Counsel. This also ap<br>Departments: | that involves the development, ins<br>, the acquisition of software or o<br>ose that involve computers and te<br>oplies to any other contract that re | stallation, implementation<br>computer related items<br>elecommunications, mu<br>equires approval from ar |   |  |
| Approved:<br>Approved:  | Disapproved:<br>Disapproved:  | Date:<br>Date:  | By:<br>By:  |  |

Please contact Heather Longo x7373 with questions or for contract packet pick-up. Thank you!

 $\frac{5/2 3/14}{44.5170116^{\text{Date}}} = \frac{5/2}{(10510^{\text{Deputy Director, Administration and Contracts}} = \frac{5/2}{14-1506} = \frac{5/2}{14-1506} = \frac{5}{14-1506} = \frac{5}{14-150} = \frac{5}{1$