## CONTRACT ROUTING SHEET




Name: New Morning Youth \& Family
Address: 6765 Green Valley Road,
Phone: Placerville, CA 95667


CONTRACTING DEPARTMENT: Health Services Department - Public Health Division
Service Requested: Alcohol \& Drug Counseling

Contract Term: 7/1/08-6/30/09
Compliance with Human Resources requirements?
Compliance verified by: Feasibility Analysis Attached


COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved:
 Disapproved: Disapproved:


Date:
Date:



PLEASE FORWARD $\not$ nO RISK MANAGEMENT. THANKS!


OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:

| Approved: | Disapproved: |
| :--- | :--- |
| Approved: |  |$\quad$ Date: $\quad$ Disapproved: $\quad$ By:

