

Purchasing Contract No: 248-S1311  
Index Code: 419500

# CONTRACT ROUTING SHEET

Date Prepared: 10/5/12

Need Date: 10/19/12

**PROCESSING DEPARTMENT:**

Department: HHSA / Mental Health  
Dept. Contact: Kathy Lang  
Phone #: X7147  
Department Head Signature: [Signature]  
Daniel Nielson, M.P.A., Director

**CONTRACTOR:**

Name: Tahoe Youth and Family Svcs  
Address: 1021 Fremont Avenue  
South Lake Tahoe, CA 96150  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency - MHD

Service Requested: Primary Intervention Program for LTUSD students  
Contract Term: 10/1/12 - 6/30/13 Contract Value: \$68,000  
Compliance with Human Resources requirements? Yes x No \_\_\_\_\_  
Compliance verified by: Feasibility Analysis attached

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10/11/12 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10-11-12 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

[Signature] 10/3/12  
Contracts Review/date

[Signature] 10/3/12  
Contracts Mgr Review/date

RECEIVED  
HUMAN SERVICES DEPT.  
2 OCT 11 PM 2:23  
EL DORADO COUNTY COUNSEL