

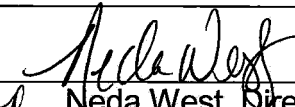
Internal Contract No: A1, 123-110-P-E2010
 Purchasing Contract No: 004-S1110
 Index Code: 404131, 404132, 404136

CONTRACT ROUTING SHEET

Date Prepared: ²⁷ September 15, 2010

Need Date: 10-11-10

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
 Dept. Contact: Kathy Lang x 6362
 2nd Contact: Tom Michaelson
 Department
 Head Signature: 
 Neda West, Director

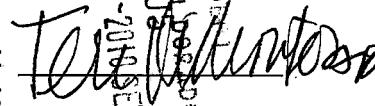
CONTRACTOR:

Name: Tahoe Youth & Family
 Address: 1021 Fremont Ave
South Lake Tahoe, CA 96150
 Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Amendment to AOD Counseling Agreement
 Contract Term: 7/1/10 - 6/30/11 Contract Value: \$74,541.00
 Compliance with Human Resources requirements? Yes No:
 Compliance verified by: Feasibility Analysis Attached

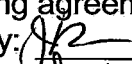
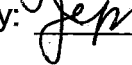
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 10/7/10 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 - Technically retroactive, but no increase in compensation for past services rendered, so ok.
 - PLS. change # 2(c) as discussed.
 - Did not see ins. costs?
 Done 10/21/10
 (P)

10 OCT 11 AM 11:24
 COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!


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

Approved: _____ Disapproved: Date: 10/13/10 By: 
 Approved: Disapproved: _____ Date: 10/18/10 By: 
 Endorsement naming as additional issued needed
 Resubmitted 10/18/10.

10 OCT - 3 AM 11:54
 DEPT

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

Departments: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

 9/14/10
 Program Manager / date

 9/28/10
 Finance / date