

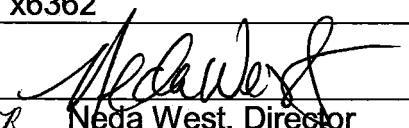
Internal Contract No: n/a
Purchasing Contract No: n/a
Index Code: 404112

CONTRACT ROUTING SHEET

Date Prepared: ^{6/7/10} ~~May 26, 2010~~

Need Date: ^{6/14/10} ~~6/4/10~~ *please*

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang
Phone #: x6362
Department
Head Signature: 
NAR Neda West, Director

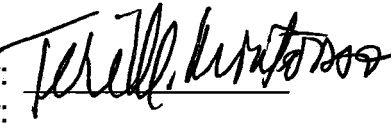
CONTRACTOR:

Name: CA Dept Alcohol & Drug
Address: 1700 K Street
Sacramento, CA 95814
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: letter approving Tahoe Turning Point Application for DUI Program
Contract Term: n/a Contract Value: \$0.00
Compliance with Human Resources requirements? Yes No:
Compliance verified by: Other

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

Approved: Disapproved: _____ Date: 6/9/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please note this letter is part of the Board Item on 6/15/10 for Tahoe Turning Point (file 10-0564)

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

DEPTADO COUNTY COUNSEL
2010 JUN -7 PM 3:28

Note - Does not require Risk Mgt review.

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

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

Program Mgr / date _____ Finance / date _____