

Contract #: 445 xxx-F1711
Index Code: 531011

CONTRACT ROUTING SHEET

Date Prepared: 2/21/17

Need Date: 3/3/17

PROCESSING DEPARTMENT:
Department: HHSA/Comm Svcs Division
Dept. Contact: Kathryn Lang
Phone #: X7147
Department
Head Signature: Patricia Charles-Heathers
Patricia Charles-Heathers, Ph.D., Director

CONTRACTOR:
Name: Tahoe Coalition for the Homeless
Address: PO Box 13514
South Lake Tahoe, CA 96151
Phone: _____

CONTRACTING DEPARTMENT: HHSA/Community Svcs Division
Service Requested: Funding for operation of winter shelters
Contract Term: 11/15/16 - 6/30/17 Contract/Grant Value: \$4,496
Compliance with Human Resources requirements? N/A x Yes _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: X Disapproved: _____ Date: 2/28/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____
- Please note that it is retroactive - and it be effective upon execution and use the grants for the later mos?
- Money was accepted from the State as "pass through" for this purpose, therefore using it for ID'd, public, purpose is NOT ^{impermissible} part of public funds
SEE NOTE ON HANGTOWN HAVEN CONTRACT

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: ✓ Date: 3-6-17 By: [Signature]
Approved: ✓ Disapproved: _____ Date: 3-21-17 By: [Signature]
NO EVIDENCE OF Auto LIABILITY IN CBIX.

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 2/17/17
Chief Fiscal Officer Date

[Signature] 2/16/17
Deputy Director, Administration and Contracts Date