

CONTRACT ROUTING SHEET

Date Prepared: 09/11/2015
to PPE 9/17 (mshled)

Need Date: 09/18/2015

PROCESSING DEPARTMENT:

Department: Probation
Dept. Contact: Darci Prall *DP*
Phone #: Ext. 6076
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Tahoe Youth & Family Services, Inc.
Address: 1021 Fremont Ave.
South Lake Tahoe, CA 96150
Phone: 253-203-5854
Chris Croft, Executive Director

CONTRACTING DEPARTMENT: Probation

Service Requested: Counseling services and support to the Probation Department, Juvenile Detention Facility in South Lake Tahoe
AMDT I – add the title of "Alcohol and Other Drug (AOD) Counselor, add Crisis Response to scope of services, amend the per hour rate, maximum weekly hour cap and increase NTE amount.

Contract Term: 3 year, expires June 30, 2016 Contract Value: \$319,000.00

Compliance with Human Resources requirements? Yes: X 9/11/15 No: _____

Compliance verified by: Outside review being completed by HHSA

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

Approved: X Disapproved: _____ Date: 9/17/15 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

ESSEX COUNTY COUNSEL
11 SEP 11 PM 4:11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: _____ Date: 9/21/15 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
RISK MANAGEMENT DEPT.
17 SEP 17 PM 4:26

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

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