

CONTRACT ROUTING SHEET

Date Prepared: 01/24/12

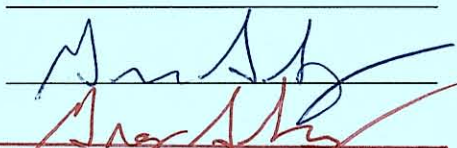
Need Date: 02/07/12 (or sooner please)

20

PROCESSING DEPARTMENT:

(DEADLINE TO CAO 02/09/2012 FOR BOS 02/28/12)

CONTRACTOR:

Department: Probation Department
Dept. Contact: Diane Hofsommer
Phone #: X5957
Department
Head Signature: 

Tahoe Youth and Family-Services
Name: Alissa R. Nourse
Address: 1021 Fremont Ave
South Lake Tahoe, CA 96150
Phone: 530-541-2445

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2 JAN 27 PM 2:30

CONTRACTING DEPARTMENT: Probation Department

Service Requested: AMDT I: 1. Add \$60K to not to exceed total; 2.add 1 year to term; 3. Scope of services revised. Contract is for on-site alcohol/drug counseling & support to Challenge Program, Substance Abuse Counseling Program, and Family Reunification Program at the Juvenile Treatment Center

Contract Term: 12/10/10 - 06/30/13 Contract Value: \$118,000.00

Compliance with Human Resources requirements? Yes: yes No: \$131,000.00

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 1/27/12 By: 

Approved: Disapproved: _____ Date: 3/30/12 By: 

done Article I of 2 of 5 reference to "Article X Notice to Parties"
should be "X Notice to Parties"

Resubmitted to CC w/ revisions on 3/28/12: ARTICLE III, COMPENSATION.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 4/30/12 By: K. Kern

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: _____

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