

CONTRACT ROUTING SHEET

Date Prepared: 11-20-2012

Need Date: 12-07-2012

PROCESSING DEPARTMENT:

Department: HHSA / Public Health
Dept. Contact: Kathy Lang

Phone #: X7147

Department Head Signature: *Daniel Nielson*
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: Tahoe Turning Point, Inc.
Address: 2494 Lake Tahoe Blvd, Suite B5
South Lake Tahoe, CA 96150
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency - PHD

Service Requested: ADP treatment svcs, AB 109 and Drug Medi-Cal

Contract Term: 7/1/11 - 6/30/13 Contract Value: \$110,000

Compliance with Human Resources requirements? Yes x No: _____

Compliance verified by: Feasibility Analysis attached

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

Approved: 11/29/12 Disapproved: _____ Date: 11/29/12 By: *Justin Beck*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL PASO COUNTY COUNSEL
2012 NOV 21 PM 10:36

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

Approved: ✓ Disapproved: _____ Date: 12/3/2012 By: *Adams*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

Stt 11.9.12
Contracts Review/date

R. Webb 11/9/12
Contracts Mgr Review/date