

CONTRACT ROUTING SHEET

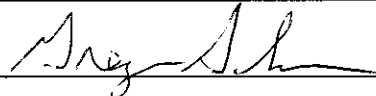
Date Prepared: 10/20/10

Need Date: 11/05/10

20

PROCESSING DEPARTMENT:

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

CONTRACTING DEPARTMENT: Probation Department

Service Requested: 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 – 06/30/12 (18 months) Contract Value: \$58,000.00

Compliance with Human Resources requirements? Yes: yes No:

Compliance verified by:

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

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

① Add attached Contract Language

11/01/10
✓ Language added.
D.Hofsommer

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 10/26/10 By: 

Approved: Disapproved: Date: By:

2010 NOV - 1 AM 10:15
EDC PROBATION
PROBATION

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

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: