

CONTRACT ROUTING SHEET

Date Prepared: 12/04/08

Need Date: ASAP or 12/18/08, Thank you.
(Agenda Item for 1/13/09)

PROCESSING DEPARTMENT:

Department: Probation Department
Dept. Contact: Diane Hofsommer
Phone #: 621-5957
Department

CONTRACTOR:

Name: Tahoe Youth & Family Services
Address: 1021 Fremont Avenue
South Lake Tahoe, CA 96150
Phone: Alissa Nourse, Exec. Director
530-541-2445 x101
Cell: 530-416-2748

Head Signature: *Joseph Warchal*

CONTRACTING DEPARTMENT: Probation Department

Service Requested: "Program Therapist" for on-site counseling services & support for Juvenile Treatment Center, SLT. AMDT changes scope of service to include a notice to parties, allowing changes in hours worked per week; & a 1 year extension)

Contract Term: 12/11/07 - 12/10/2010 Contract Value: NTE \$120,000.00

Compliance with Human Resources requirements? Yes: X No: _____

Compliance verified by: Sole source vendor confirmed with outside review.

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

Approved: ✓ Disapproved: _____ Date: 12-10-08 By: *Car/hamp*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT, insurance certificate has been requested and will be sent to Risk under separate cover. Thank you.

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

Approved: ✓ Disapproved: _____ Date: 12/17/08 By: *Castillo*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
DEC 11 AM 9:04

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

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