

CONTRACT ROUTING SHEET

Date Prepared: 10-29-10

Need Date: 11-19-10

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: X7268
Department
Head Signature: *Shirley I. C. Hodgson*

CONTRACTOR:

Name: Tahoe Turning Point, Inc.
Address: 2494 Lake Tahoe Blvd.
South Lake Tahoe, CA 96150
Phone: 530 541-4594

CONTRACTING DEPARTMENT: Human Services

Service Requested: Provide therapeutic counseling and substance abuse testing services for clients referred by DHS

Contract Term: 3 yrs from date of execution Contract Value: \$175,000
Compliance with Human Resources requirements? Yes: 10-22-10 No: _____
Compliance verified by: Mike Strella of H.R.

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

Approved: Disapproved: _____ Date: 11-3-10 By: *Carl Swan*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 11/3/10 By: *Mike Strella*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

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

10/29/10 10:50 AM
EL DORADO COUNTY COUNSEL