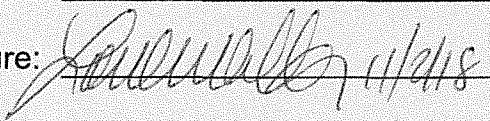


NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/1/18 11/2/18

Need Date: 11/2/18 11/8/18

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
 Dept. Contact: Lisa Konyecsni
 Phone: 6901
 Department
 Head Signature: 

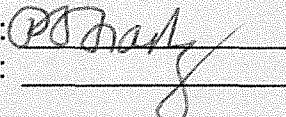
CONTRACTOR:

Name: Stanford Youth Solution
 Address: Sacramento, CA 95826
8912 Volunteer Ln
 Phone: _____
 Org Code: 5310 & 5320

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Specialty Mental Health Services for Minors
 Contract Term: 1/1/19 - 6/30/21 Contract Value: \$ 1,302,464.00

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

Approved: X Disapproved: _____ Date: 11/6/18 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
 2018 NOV - 2 PM 3: 14

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x6901 FOR PICK-UP...THANKS!