Contract Name:

PROCESSING DEPARTMENT:

High Risk Youth Counseling, Amendment II

Contract # 434-PHD03000004050405 159802

Budget Code:

CONTRACT ROUTING SHEET

CONTRACTOR:

Department: Public Health	Name: Tahoe Youth and Family Services
Dept. Contact: <u>Dan Buffalo</u>	Address: 1021 Fremont Avenue
Phone #: 621-6226	South Lake Tahoe, CA 96150
Department Head Date: May 7, 2007	Phone: (530) 541-2445
Signature: Surviville Signature:	7 000
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CONTRACTING DEPARTMENT: Public Heal	
Compliance with Human Resources requirements?	Yes X NO
Compliance verified by: HR and Local 1	3: 50
COUNTY COUNSEL: (Must approve all contracts	and MOUI's)
Approved: Disapproved: Date	2. 5-18-07 By Men
Approved: Disapproved: Date	e: By:
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RISK MANAGEMENT: (All contracts and MOU's	execut heilerplate grapt funding agradments
Approved: Disapproved: Date	2. Z 2 7 Ry:
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OTHER APPROVAL: (Specify department(s) part	
OTTER AFFROVAL. (Specify department(s) part	icipating of directly affected by this contract.)
DEPARTMENT:	
	e· By:
Approved: Disapproved: Date Approved: Disapproved: Date	By:
Approvod Bloapprovod Batt	by