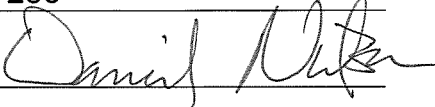


CONTRACT ROUTING SHEET

Date Prepared: 8-3-11

Need Date: asap

PROCESSING DEPARTMENT:

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

CONTRACTOR:

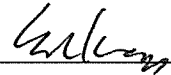
Name: Tahoe Turning Point, Inc.
Address: 2494 Lake Tahoe Blvd.
South Lake Tahoe, CA 96150
Phone: 530 541-4594

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: 5-28-10 – 5-27-13 Contract Value: \$275,000
Compliance with Human Resources requirements? Yes: 7-29-11 No: _____
Compliance verified by: Mike Strella of H.R.


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

Approved: ✓ Disapproved: _____ Date: 8-10-11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

COUNTY COUNSEL
2011 AUG 10 11:10

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 8/12/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGEMENT
2011 AUG 10 11:10

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: _____