

Internal Contract No: 120-162-P-N2011  
Purchasing Contract No: 046-M1211  
Index Code: 404112

# CONTRACT ROUTING SHEET

Date Prepared: <sup>10</sup> May 5, 2011

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Health Svcs - Public Health  
Dept. Contact: Cinda Smith x6377  
2<sup>nd</sup> Contact: Kathy Lang  
Department  
Head Signature: *Neda West*  
Neda West, Director

**CONTRACTOR:**

Name: EDC Superior Count  
Address: 13354 Johnson Blvd., Suite 2  
South Lake Tahoe, CA 96150  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health Services Department

Service Requested: Collaboration on Teen Court Program

Contract Term: 7/1/2011-6/30/2012 Contract Value: \$0.00

Compliance with Human Resources requirements? Yes  No:

Compliance verified by: Other

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5/26/11 By: *Justin*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2011 MAY 24 PM 1:50

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5/26/11 By: *MSJ*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
EL DORADO COUNTY DEPT  
MAY 26 PM 4:20

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Shirley White* 5/6/11  
Program Manager Date

*n/a* \_\_\_\_\_  
Finance Date