

CONTRACT ROUTING SHEET

Date Prepared: 05/09/13

Need Date: 05/24/13
(DEADLINE TO CAO 05/30/13 FOR BOS 06/18/13)

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Probation Department
Dept. Contact: Darci Prall
Phone #: X6076
Department: _____
Head Signature: _____

Name: Alissa R. Nourse
Address: 1021 Fremont Ave
South Lake Tahoe, CA 96150
Phone: 530-541-2445

CONTRACTING DEPARTMENT: Probation Department

Service Requested: Contract is for on-site alcohol/drug counseling & support to Challenge Program, Substance Abuse Counseling Program, and Family Reunification Program at the Juvenile Treatment Center

Contract Term: 07/01/13 - 06/30/16 Contract Value: \$90,000.00 - \$210,000.00

Compliance with Human Resources requirements? Yes: X No: _____

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 5/13/13 By: [Signature]
Approved: X Disapproved: _____ Date: 5/16/13 By: [Signature]

Revised to change/increase NTE amount

EL DORADO COUNTY COUNSEL
2013 JUN 10 10:11 AM
RECEIVED
JUN 05 2013 5:00 PM
EL DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 5/16/13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please use updated certificate w/ Professional Liab. (attached)

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

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