

AMENDMENTS CONTRACT ROUTING SHEET

Date Prepared: 3/19/19

Need Date: 4/2/19

PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Lisa Konyecsni

Phone: 6901

Department Head Signature: 

Don Semon, Director

CONTRACTOR:

Name: Tahoe Youth & Family Svcs

Address: 1021 Fremont St.

South Lake Tahoe, CA 96150

Phone: _____

Org Code: 5310

Auditor/Controller Notified

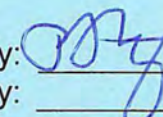
CONTRACTING DEPARTMENT: HHSA – Behavioral Health Division

Service Requested: MHSA Primary Intervention Project

Contract Term: 7/1/16 – 6/30/20

Contract Value: \$352,000

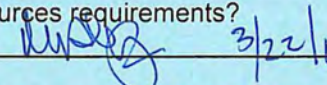
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 3/19/19 By: 

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes No: _____

Compliance verified by:  3/22/19

RISK MANAGEMENT: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: X Disapproved: _____ Date: 3/22/19 By: 

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

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

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

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

PLEASE EMAIL HHSA_CONTRACTS@EDCGOV.US FOR PICK-UP... THANKS!

EL DORADO COUNTY COUNSEL
2019 MAR 19 AM 11:05

PM 4:17 HR/RM MAR 20 19