

CONTRACT ROUTING SHEET

Date Prepared: 05/17/2016

Need Date: 05/31/2016

PROCESSING DEPARTMENT:

Department: Probation
Dept. Contact: Darci Prall
Phone #: Ext. 6076
Department
Head Signature: [Signature]

CONTRACTOR:

Name: Tahoe Youth & Family Services, Inc.
Address: 1021 Fremont Ave.
South Lake Tahoe, CA 96150
Phone: 253-203-5854
Chris Croft, Executive Director

CONTRACTING DEPARTMENT: Probation

Service Requested: Counseling services and support to the Probation Department, Juvenile Detention Facility in South Lake Tahoe.

Contract Term: 07/01/2016 – 06/30/2019 Contract Value: \$319,000.00

Compliance with Human Resources requirements? Yes: X No:

Compliance verified by: Outside review being completed by HHSA

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

Approved: X Disapproved: Date: 5/19/16 By: [Signature]
Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2016 MAY 19 AM 10:22

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 5-27-16 By: MS
Approved: Disapproved: Date: By:

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

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