

Contract #: 024-S1311, A1
Index Code: 404131

CONTRACT ROUTING SHEET

Date Prepared: 7/11/13

Need Date: 7/25/13

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Kathy Lang
Phone #: X7147

CONTRACTOR:

Name: Tahoe Youth & Family Services
Address: 1021 Fremont Street
South Lake Tahoe, CA 96150

Department
Head Signature: Janet Walker-Conroy
Janet Walker-Conroy, Interim Director

CONTRACTING DEPARTMENT: Health & Human Services Agency - PHD

Service Requested: Alcohol and Drug Treatment Services
Contract Term: 7/1/12 - 6/30/14 Contract/Grant Value: \$179,654
Compliance with Human Resources requirements? N/A Yes x No
Compliance verified by: _____

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

Approved: _____ Disapproved: ✓ Date: 7/25/2013 By: K. Markham
Approved: Conditional Disapproved: _____ Date: 7/30/2013 By: K. Markham

please see notes on agreement

- 1) Please see questions on agreement *Dme K*
- 2) This needs GC 8546.7 language *(See Dept. Director) Dme K*
- 3) This may need letters re: certifications & assurances depending on what the underlying funding agreement requires *noted*

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: ✓ Disapproved: _____ Date: 8/1/13 By: Ozy

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

NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT first. Any contract that requires approval from another department must also be first approved by the other department.

Departments:

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

PM Review/Date: SN 6/11/13
CFO Review/Date: [Signature]
Contracts Supt Review/Date: [Signature]
Contracts Mgr. Review/Date: _____