

CONTRACT ROUTING SHEET

Date Prepared: 2/11/19

Need Date: 2/21/19

PROCESSING DEPARTMENT:

Department: CAO for District Attorney
Dept. Contact: Megan Arevalo
Phone #: 5147
Department
Head Signature: *Megan Arevalo*

CONTRACTOR:

Name: Tahoe Youth & Family Services
Address: 1021 Fremont Ave
South Lake Tahoe, CA 96150
Phone: 530-318-5356

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review Drug Store Project Resolution
Contract Term: April 2, 2019 Contract Value: \$2,000
Compliance with Human Resources requirements? Yes: No:
Compliance verified by:

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

Approved: ✓ Disapproved: Date: 2-20-19 By: *MS*
Approved: Disapproved: Date: By:

Jeff - agree this is a resolution to justify a donation, not a contract
Marybeth Peters
2/22

EL DORADO COUNTY COUNSEL
2019 FEB 11 AM 8:27

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: Date: 2/22/19 By: *[Signature]*
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: