

# CONTRACT ROUTING SHEET

Date Prepared: 12/04/15

Need Date: 12/18/1

20

**PROCESSING DEPARTMENT:**

Department: Probation Department

**CONTRACTOR:**

Name: Tahoe Youth and Family Services

Dept. Contact: Darci Prall

Address: 1021 Fremont Ave

Phone #: X6076

South Lake Tahoe, CA 96150

Department: \_\_\_\_\_

Phone: 530-541-2445

Head Signature: [Signature]

**CONTRACTING DEPARTMENT:** Probation Department

Service Requested: Contractor to provide counseling services & support to Probation Department as part of the Title II Juvenile Delinquency Prevention and Intervention Grant Program.

Contract Term: Oct 1, 2015 – Sept 30, 2019 Contract Value: \$192,700.00

Compliance with Human Resources requirements? Yes: N/A No: N/A

Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 12/14/15 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PROBATION DEPT.  
15 DEC 15 AM 10:28

EL DORADO COUNTY COUNSEL  
2015 DEC -9 PM 3:28

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: \_\_\_\_\_ Date: 12/8/15 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*already approved 12/15/15 g*

15 DEC -8 AM 9:55  
M. ASST. PROBATION DEPT.

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_