

Contract #: #010-S1311
Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared: 8/30/13

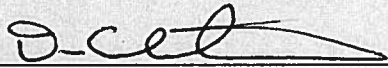
Need Date: 9/9/13 ^(HW) 9/16/13 ^(HW)
Rush please

PROCESSING DEPARTMENT:

Department: HHS/SSD
Dept. Contact: Heather Longo
Phone #: X7373

CONTRACTOR:

Name: Tahoe Turning Point
Address: 2494 Lake Tahoe Blvd, SLT, CA 96150
(Mailing: PO Box 17509, SLT, CA 96151)
Phone: 530-541-4594

Department Head Signature: 
Don Ashton, M.P.A.,
Interim Director

CONTRACTING DEPARTMENT: HHS/Social Services Division

Service Requested: Transitional Housing Placement-Plus Program Services
Contract Term: Upon execution, perpetual *one yr terms* Contract/Grant Value: 227664.00 *per year*
Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by: Approved by Mike Strella 4/13/12 *\$ 8108 per month per participant*

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

Approved: _____ Disapproved: Date: 9/18/13 By: *PJB*
Approved: Disapproved: _____ Date: 10/1/13 By: *PJB*
See p16 - Resp of Contractors - needs clarification
9/26/13 - Corrections made - HW
See p.12 chg. changes made 10/8/13 HW

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 10/5/13 By: *Ozy*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact Heather Longo X7373 for pick-up. Thank you!

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: _____

Ashton 9/3/13
Contracts Supe Review/Date

Patty Maly
Program Mgr, Review/Date

Karen E. Bob
Contracts Mgr. Review/Date

Bill White
CFO Review/Date