

ATT 1/10/07

DEPT./INDEX NO. 726100

Contract #: 383-S081D

CONTRACT ROUTING SHEET

BY: Km

Date Prepared: 11/2/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts
Dept. Contact: Dustin Bailey
Phone #: 5577
Department _____

Bonnie H. Rich
Bonnie H. Rich

CONTRACTOR:

Name: Tahoe Youth and Family Svcs
Address: 1021 Fremont Ave.
South Lake Tahoe, CA 96150
Phone: 530-541-2445

CONTRACTING DEPARTMENT: Probation

Service Requested: Counseling for Challenge Program

Contract Term: Two Year Contract Value: \$120,000

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

EL DORADO COUNTY COUNSEL
2007 NOV - 5 PM 3:34

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

Approved: Disapproved: _____ Date: 11/4/07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

As to Form

- ① Should have contractor execute HIPAA Business Associate Agreement.
- ② Additional Insured Endorsement should name El Dorado County NOT El Dorado County Purchasing Dept.
- ③ HIPAA Business Associate address
- ④ Approved by Risk as presented

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 11/5/07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please secure proof of updated insurance before proceeding with contract services.
updated certificates secured

RECEIVED
HUMAN RESOURCES DEPT
NOV - 5 AM 11:59

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

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