

Internal Contract No: 848-PHD0509  
Purchasing Contract No: 099-s1011  
Index Code: 404112

# CONTRACT ROUTING SHEET

Date Prepared: September 10, 2009

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept - PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department  
Head Signature: *Neda West*  
Neda West, Director

**CONTRACTOR:**

Name: Tahoe Youth & Family Svcs  
Address: 1021 Fremont Avenue  
South Lake Tahoe, CA 96150  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health Services Department - Public Health Division

Service Requested: AOD Counseling Svcs  
Contract Term: 7/1/09 - 6/30/10 Contract Value: \$68,648.00  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Feasibility Analysis Attached

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/8/09 By: *Terrill Hunter*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Please see attached confidential attorney-client memos*

*Due 10/13/09*  
*Ⓟ*

RECEIVED  
JULIAN RES JUDICIALS DEPT  
09 OCT -9 AM 8:55

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/9/09 By: *W. Sporn*  
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: \_\_\_\_\_

*SW 9/13/09*  
Program Mgr / DATE

*WU 9/11/09*  
Finance / DATE