

Purchasing Contract No: 024-S1311
Index Code: 404131,404134,404132, 404142 & 404147

CONTRACT ROUTING SHEET

Date Prepared: 6/19/12

Need Date: 6/26/12 pls

PROCESSING DEPARTMENT:

Department: HHS / Public Health
Dept. Contact: Kathy Lang
Phone #: X6362
Department Head Signature: Daniel Nielson, M.P.A., Director

CONTRACTOR:

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

CONTRACTING DEPARTMENT: Health and Human Services Agency - PHD

Service Requested: Alcohol and Drug Treatment Svcs

Contract Term: 7/1/12 through 6/30/13

Contract Value: \$85,233

Compliance with Human Resources requirements?

Yes

X

No:

Compliance verified by: Feasibility Analysis attached

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

Approved: Cond't Disapproved: Date: 6/20/12 By: [Signature]
Approved: Disapproved: Date: By:

Please add officer signature line (i.e. corporate secretary, CFO, or president) not required: have Corporate Resolution. 6/25/12 [Signature]

Risk: please note the insurance expiration dates - 6/30 & 7/1

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [check] Disapproved: Date: 6/21/12 By: [Signature]
Approved: Disapproved: Date: By:

RISK MANAGER
EL DORADO COUNTY

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

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

1000 5/29/12
Contracts Review/date

Lynda Webb
Contracts Mgr Review/date