

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: ~~12/18/18~~ 1/9/19

Need Date: ~~12/28/18~~ 1/22/19

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: x7118
Department
Head Signature: *Bob Charles*

CONTRACTOR:

Name: Stanford Youth Solutions
Address: Sacramento, CA 95826
8912 Volunteer Lane
Phone: _____
Org Code: 5130

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Peer partner services
Contract Term: upon exec.- 06/30/2020 Contract Value: \$ 550,000.00

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

Approved: X Disapproved: _____ Date: 1/15/19 By: *PSally*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2019 JAN -9 PM 12:42

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x7118 FOR PICK-UP...THANKS!