## CONTRACT ROUTING SHEET



Need Date:

## CONTRACTOR:

Name: | Tahoe Youth and Family |
| :--- |
| Services |

Address: 1021 Fremont Avenue South Lake Tahoe, CA 96150
Phone: 530-416-2748

Health Services Department - Mental Health Division
Service Requested: Mental health services for minors Contract Term: $3 / 1 / 11$ to $/ 30 / 12$
Compliance with Human Resources requirements?
Compliance verified by: $\qquad$ Chris Little
COUNTY COUNSEL: (Must approve all contracts and MOU's)


PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved:
Approved:
 Disapproved: $\qquad$ Date:
Date: $\qquad$ $\mathrm{By}:$
By :


OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
Departments:
Approved: $\qquad$ Disapproved: Disapproved:
Date: $\underline{\square}$ By: Date: $\quad$ By:
$\qquad$
 $\longrightarrow$
$\qquad$

